Workplace Giving – Pledge Form

Please tick all boxes if you agree; ☐ YES, I would like to participate in Workplace Giving to support the work of the Australian Rural Leadership Foundation ☐ The first donation will be deducted from the first pay period after processing of this authorisation ☐ I would like to receive regular information about the Australian Rural Leadership Foundation Deduction amount for each pay period □ \$5 □ \$10 □ \$20 □ \$30 □ Other \$ _____ **Personal Details** ☐ Mr ☐ Mrs ☐ Miss ☐ Dr ☐ Other Given Name _____ Surname _____ Employer _____ Employer address _____ Employee ID _____ Phone _____ Email __

The Australian Rural Leadership Foundation agrees to protect your privacy. All personal information provided is for the purpose of allowing the Foundation to service this request. It will not be misused in any way or disclosed to a third party without your consent.

Australian Rural Leadership Foundation

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