



To join our Workplace Giving program please complete this form and submit it to your Payroll officer.

Name:

Employee Number:

Phone:

Name of Community Organisation I would like to donate to:

Victims of Crime Assistance League Inc NSW (VOCAL)

1/432 Hunter Street, Newcastle, NSW 2300

Phone: 02 4926 2711

ABN: 99 422 394 085

Amount per pay: \$ (Minimum donation \$2 for tax deductibility)

I would like my donation/s to begin at the next available pay period Y/N

OR

I would like my donation/s to begin from this date: / /

I understand that the above deductions will be made from my pre-tax pay and forwarded to my nominated organisations. My employer will provide a summary of my donations to record on my tax return.

Signature:

Date:

Please see the back of this form for our bank.





Workplace Giving Contact and Bank Details

Charity Name:	Victims of Crime Assistance League Inc NSW
Charity ABN	99 422 394 085
Charity Address	Level 1, 432 Hunter Street Newcastle NSW 2300
Charity Contact	Kerrie Thompson Chief Executive Officer 02 4926 2711 kerrie@vocal.org.au
Finance Contact	Selina King 02 4926 2711 selina@vocal.org.au
Bank	Commonwealth Bank of Australia
Account Name	VOCAL Inc NSW
BSB	062 806
Account Number	10012171
EFT Description	WPG