



Workplace Giving registration form | Employers

## **Organisation details**

Organisation name:		
Telephone number:		
Website:		
ABN:		
Primary contact		
Name:		
Role:		
Postal address:		
Telephone number:		
Email:		

## **Communication preferences**

What form of communication would be most valuable to your employees to keep them engaged with what their contributions to MAF Australia are helping to achieve? (Feel free to tick more than one)

	Quarterly Newsletter on MAF's activities	MAF Annual Report
	Updates on other MAF initiatives	Exclusive presentations to your employees by MAF Australia, such as "Lunch and Learn" sessions.
Pay	ment contact information	
		 If no, please advise which intermediary

Will payment be made of	directly from your organisation?	Yes	No	will be acting on your behalf.
Name of agency:				
Contact person:				
Contact details:				
Does your organisation	have a Matched Giving program?	Yes	1	Νο

## Thank you for your support!

Please complete and return this form to obtain a Donor Number and our bank details:

🕨 partnerships@maf.org.au. 🛛 🔛 PO Box 7187 Baulkham Hills 2153

Personal information is collected to process donations, issue tax receipts and send updates. We may also use limited types of personal information and profiling purposes. Please contact us if you would like to limit the use of your personal information or to stop receiving direct marketing material. Our privacy policy is available at maf.org.au/ privacy-policy and contains information on how you can access or correct your personal information, who we disclose your personal information to (including overseas recipients) and how you can lodge a complaint. Thank you. MAF Australia 26 134 583 887