

## Workplace Giving Form

This form is for employees to fill in and give to their payroll department in order for regular deductions to be made from the employee's wages and directed toward the Heart Centre for Children or The Children's Hospital at Westmead.

Personal details	Title: (Mr, Mrs, Ms, Miss Other: _____)
	First name:
	Surname:
	Employee number (if applicable):
	Contact number:
	Email address:
	Postal address (for receipts):
Amount of gift each pay period	\$
Date of first pledge	
Funds to be directed to (select one)	<input type="checkbox"/> The Heart Centre for Children – reference 'HCFC 694289'
	<input type="checkbox"/> Kids Heart Research (the research arm of the Heart Centre for Children) – reference 'KHR 691289'
	<input type="checkbox"/> Wherever it is most needed within The Children's Hospital at Westmead – no reference required
Signed	Date

- Please tick this box if you do not wish to receive further correspondence from the Heart Centre for Children and The Children's Hospital at Westmead

### Notes for the payroll department

As per the information above, please process regular payments to this charity (ABN 53 188 579 090) on my behalf. More information about workplace giving can be found on the Australian Tax Office website, [www.ato.gov.au](http://www.ato.gov.au), by searching for 'workplace giving'.

The bank account details are as follows:

Name: The Children's Hospital at Westmead  
Bank: Westpac  
BSB: 032 340  
Account: 106967

Please be sure to include reference details as per above (under 'Funds to be directed to').

When complete, please email a copy of this form to [fund@chw.edu.au](mailto:fund@chw.edu.au)

Or post to: Fundraising Department  
The Children's Hospital at Westmead  
Locked Bag 4001  
Westmead NSW 2145

