Hannah's Foundation
drowning prevention, awareness and support

Organisation Details

Company/Employer: _____
Department/Unit/Team: _____
Website Address: _____
Employee Payroll Number: _____

Personal Information

Miss ☐ Mrs ☐ Ms ☐ Mr ☐

Given Names: _____
Surname: _____
Address: _____
Phone/Extension: _____

Donation Details:

I would like to donate the following amount of my salary to Hannah's Foundation each pay period (please tick one or specify amount)

$2 ☐ $5 ☐ $10 ☐ $25 ☐ Other Amount: $ _____

Please direct the amount identified above from my pay and forward this as a donation to Hannah's Foundation, commencing on the first pay day after the receipt of this authorisation form.

Signature: _____ Date: _____/ _____/ _____

* please note that if you should wish to alter or cancel your donation schedule this should be done so in writing and submitted to your payroll section

Hannah's Foundation thanks you for your support.

Information for depositing donations:

Please forward all workplace giving donation to the following……..

Account Name: Hannah's Foundation

BSB: 704 - 052
ACC: 1035885