

Workplace Giving Nomination Form

If you would like to support Burnet Institute via workplace giving, simply complete the following form.

1. Provide a copy to your Payroll Office
2. Send a copy to Burnet Institute
GPO Box 2284, Melbourne VIC 3001
E workplacegiving@burnet.edu.au
T +613 9282 2111

I have notified my employer of my intention to give via a workplace giving program, and you should receive my donation shortly.

My employer does not have a workplace giving program, please contact them to help set one up.

>> I would like to donate to Burnet Institute each pay cycle:

\$100 \$50 \$20 \$10 \$5

Other (please specify amount): \$

YOUR DETAILS

Name

Job title

Home address

Phone

Mobile

Email

Date of birth

YOUR EMPLOYER'S DETAILS (PAYROLL)

Organisation name

Your department

Name

Phone

Email

Address

Please note, Burnet Institute takes the collection of data seriously and your personal details are respected and will not be divulged to any third party. Your details will be used to confirm your identity should you wish to discuss your personal information with us. Information retained by Burnet may be accessed by you under privacy legislation.

>> Does your employer match donations made via workplace giving?

Yes No Unsure

>> Where would you like your funds to go?

Discretionary. Funds go where they are most urgently needed. (Preferred)

Healthy Mothers, Healthy Babies program Disease Elimination

HIV research Behaviour and Health Risks

Health Security Healthy Ageing



Burnet Institute
Medical Research. Practical Action.