



Workplace Giving Program: Employee Form

Change lives while sitting at your desk!



☒ Yes! I would like to change lives while I work through the Workplace Giving Program

Please deduct the following amount per pay period:

- ☐ \$5
- ☐ \$10
- ☐ \$20
- ☐ \$50
- ☐ \$100
- ☐ Other \$_____ (please specify)

To give you an idea of what your contribution can achieve:

- » \$5 a week could cover a child's school supplies including pencils, books and school uniform
- » \$10 a week could provide vital medication to maintain a child's good health
- » \$25 a week could fully sponsor a child's education, clothing, food and healthcare

☐ I agree to have the first donation deducted from the first available pay period after receipt of this authorisation.

Employee details

First name:

Surname:

Name of your workplace:

Phone number:

Email address:

Signature:

Date:

Thanks to your support, we can provide at-risk Thai children with a loving home, nutritious food, access to education and opportunities for their future. [Click here](#) to subscribe to our email newsletter.

