

## EMPLOYEE DONATION AUTHORITY

- YES.** I want to help those living in desperate poverty to a better future. Please enrol me in the Computershare 'Change-A-Life' payroll deduction program.
- NO.** I no longer wish to donate. Please cancel my 'Change-A-Life' payroll deduction.
- CHANGE.** I wish to change my authorised 'Change-A-Life' payroll deduction to the amount specified below.

Name:	
Payroll No (if applicable):	
Country:	
Phone/Ext:	
Email Address:	

I here by authorise the amount of <input type="text"/> effective <input type="text"/> / <input type="text"/> / <input type="text"/> from my salary being a regular before tax donation to CARE.
I here by authorise the amount of <input type="text"/> effective <input type="text"/> / <input type="text"/> / <input type="text"/> from my salary as a one-off donation.

**I acknowledge that should I wish to change the status of my donation, I will need to advise the Payroll Office as soon as possible.**

Signature:		Date	
------------	--	------	--

Once completed, please forward this form to your Payroll Department.

Thank you for your contribution to Change-A-Life