

# MS Australia Workplace Giving Registration Form

Payroll Department: Once received and updated in your system, please email a copy to [workplacegiving@msaustralia.org.au](mailto:workplacegiving@msaustralia.org.au) or post to **PO Box 625, North Sydney, NSW 2059, Australia**

## My personal details

Title	<input type="text"/>
First name	<input type="text"/>
Surname	<input type="text"/>
Work email	<input type="text"/>
Your current position	<input type="text"/>
(If required) Employee ID	<input type="text"/>

## I would like to donate the following each pay cycle

- \$36** (Grows MS cells in a lab to undertake research into the cause and treatment of MS)
- \$64** (Covers the hourly rate of a dedicated research assistant)
- \$114** (Buys 100 cryotubes to preserve precious blood or DNA sample from people with MS)
- Other**

Please note: If you would like to change your donation at any time, please contact your Payroll Department.

## My organisation details

Organisation name	<input type="text"/>
Organisation contact number	<input type="text"/>
Organisation postal address	<input type="text"/>

## Approval for MS Australia to commence Workplace Giving

I would like my donations to begin at the next pay cycle  Yes  No

If no, I would like my donations to begin:

Signature

Date

YES, I'd like to receive communications from MS Australia.

Alternatively, you can contact us at [workplacegiving@msaustralia.org.au](mailto:workplacegiving@msaustralia.org.au) or by phone on 1300 010 158 to alter your communication preferences.

Thank you  
for helping to  
find a cure



ABN: 51 008 515 508  
MS Australia is committed to protecting your privacy and we are bound by the Australian Privacy Principles in the Privacy Amendment (Enhancing Privacy Protection) Act 2012. For information about our Privacy Policy please visit our website <https://www.msaustralia.org.au/privacy-policy>.

