

MS Australia Workplace Giving and Matched Giving Registration Form

Please complete the below and return to: workplacegiving@msaustralia.org.au OR PO Box 625, North Sydney, NSW 2059, Australia

Organisation details

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

Key contact for Workplace Giving/Matched Giving

Title	<input type="text"/>
Full name	<input type="text"/>
Current position	<input type="text"/>
Contact number	<input type="text"/>
Work email	<input type="text"/>
(If required) Employee ID	<input type="text"/>

Payment Information

Will your organisation be making contributions directly? Yes No

If no, please complete your Workplace Giving service provider (e.g. Benevity, Good2Give, Good Company, etc.) details below:

Name of service provider	<input type="text"/>
Contact person	<input type="text"/>
Contact details	<input type="text"/>

Does your organisation have a Matched Giving program? Yes No

Communication Preferences

What form of communication(s) would be most valuable to your employees to keep them actively engaged and informed of what their contributions to MS are helping to achieve?

- A monthly e-newsletter from MS Australia
- MS Australia Annual Progress Impact Report

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>.

