



YES! I would like to join  
in and become a

GRATER  
GIVER

Thank you for choosing SAHMRI as a partner for your Workplace Giving program. We look forward to keeping you up to date on the wonderful achievements your contributions are making to the ongoing health of Australians.

Please return this completed form  
via email: [fundraising@sahmri.com](mailto:fundraising@sahmri.com)  
or mail: SAHMRI Workplace Giving,  
GPO Box 11060, Adelaide SA 5000

#### WORKPLACE INFORMATION

Workplace Name \_\_\_\_\_ ABN \_\_\_\_\_  
Workplace Address \_\_\_\_\_  
Suburb \_\_\_\_\_ State \_\_\_\_\_ Postcode \_\_\_\_\_  
Industry Type \_\_\_\_\_ Number of employees \_\_\_\_\_  
Payroll Frequency  
☐ Weekly ☐ Fortnightly ☐ Monthly

#### CONTACT INFORMATION

First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
Position \_\_\_\_\_ Contact Number \_\_\_\_\_  
Email Address \_\_\_\_\_

Why has SAHMRI been selected for your Workplace Giving Program?

For more information on SAHMRI and Workplace Giving visit [www.sahmri.org](http://www.sahmri.org)