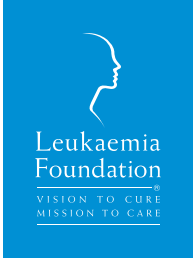


# EMPLOYEE ENROLMENT FORM



## YOUR DETAILS

Title:  Full Name:

Employee No. (if applicable):

Company Name:

Position:

Address:

State:  Postcode:

Work phone:  Mobile:

Home email:

Work email:

## DONATION DETAILS

Amount to be deducted:  \$2  \$5  \$10  \$20  Other  Frequency:

Signature:  Date:

### STAY IN TOUCH

The Leukaemia Foundation would like to keep you informed about how your generous gifts are helping people with blood cancer. Please tick if you're happy for us to share your details with them:

I wish to receive information from the Leukaemia Foundation and give my employer permission to share my details with the charity.

**Please return this form to your HR/Payroll Department to start supporting people living with blood cancer**

**PRIVACY** Your privacy is important to us and we need to collect this information about you to provide the products and services you're asking for. We have a privacy statement on our website which explains why we collect it and how we use it. To read more about our privacy policy please visit [www.leukaemia.org.au/privacy/](http://www.leukaemia.org.au/privacy/)