

Workplace and Matched Giving Registration Form

ORGANISATION DETAILS

Organisational name:

Telephone number:

Website:

ABN:

PRIMARY CONTACT

Name:

Role:

Postal address:

Telephone number:

Email:

COMMUNICATION PREFERENCES

What form of communication would be most valuable to your employees to keep them engaged with what their contributions to Inner City Legal Centre are helping to achieve? (Feel free to tick more than one)

A quarterly ICLC Newsletter via email

Volunteering Information and Event Invitations

A copy of the ICLC Annual Report

In house presentations with staff

PAYMENT CONTACT INFORMATION

Will payment be made directly from your organisation? Yes No

If no, please advise which intermediary will be acting on your behalf

Name of agency:

Contact person:

Contact details:

Does your organisation have a Matched Giving program?

Yes No

Thank you for your support!

Please complete and return this form to obtain a Supporter Number and our banking details.

accounts@iclc.org.au

* PO Box 25, Potts Point 2011 NSW

