

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 Médecins Sans Frontières are helping to achieve? (Feel free to tick more than one)

A quarterly magazine on Médecins Sans Frontières activities

Médecins Sans Frontières Annual Report

Médecins Sans Frontières online events

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.
 @ workplace.giving@sydney.msf.org
 ✉ PO Box 847, Broadway, NSW 2007

