

Three simple steps to start giving:

1. Complete this authorisation form and give it to your payroll manager.
2. Instruct your payroll manager to deduct your nominated donation amount from your pre-tax salary each pay period.
3. Then request the Payroll Office forward this form to:

CareFlight

Locked Bag 2002
WENTWORTHVILLE NSW 2145

Fax to: 02 9843 5157

Yes!

I would like to support CareFlight through Workplace Giving. Please deduct the amount indicated below from each pay period.

Deduction amount per pay period:

\$5

\$10

\$20

\$50

\$ _____ Other:

Information about you:

Full Name:

.....

Company:

.....

Employee ID/Payroll Number:

.....

Work Phone:

.....

Email:

.....

Home Address:

.....

.....

Phone:

[Home] [Mobile]

Signature: Date:

*CareFlight is a not for profit medical organisation.
Our mission is to save lives, speed recovery and
serve the community by providing the highest
standard of rapid response critical care.*

CareFlight (NSW) Ltd. ABN 18 210 132 023

Authority to Fundraise:

*CFN 11649 (NSW)
10552 (VIC)
190000230 (ACT)*

www.careflight.org

I authorise deductions to commence on the first pay date after receipt of this authorisation. This authority will remain in force until cancelled in writing.

I would like to be kept informed of how my contribution is helping save lives.