

Workplace Giving Authorisation Form

Three simple steps to start giving:

Yes!

- 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 a copy of this form to:

Signature: Date:

CareFlight

GPO BOX 9829 In Your Capital City

Fax to: 1300 788 786

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

Deduction amount per pay period:

CareFlight is a not for profit emergency medical

\$5 □
\$10 □
\$20 □
\$50 □
\$ Other:

Information about you.

Full Name:		speed recovery and serve the community by providing the highest standard of rapid response
	• • • • • • • • • • • • • • • • • • • •	critical care.
Company:		CareFlight Ltd. ABN 18 210 132 023
		www.careflight.org
Employee ID/Payroll Number:		
Work Phone:		
Email:		
Home Address:		
		☐ 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.
Phone:		☐ I would like more information on how I can include CareFlight in my Will.
[Home]	[Mobile]	
Signatura	Deter	☐ I would like to be kept informed of how my contribution is helping save lives.