



**Yes! I would like to donate to Surf Life Saving through Workplace Giving and help keep the red and yellow flags flying.**



## Payroll Deduction Authority

Please deduct the amount indicated below from each pay:

\$10  \$30  \$40  \$100  Other amount \$ \_\_\_\_\_

I understand this nominated amount will be deducted from the first available pay after receipt of this authorisation and will continue until withdrawn by me.

### Contact details

Mr  Mrs  Miss  Ms  Other

First name: \_\_\_\_\_ Surname: \_\_\_\_\_

D.O.B: \_\_\_\_\_ Company name: \_\_\_\_\_

Employee ID: \_\_\_\_\_ Phone: \_\_\_\_\_

Email (work): \_\_\_\_\_ Email (home): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please submit this completed form with your payroll department and send a copy to [workplacegiving@slsfoundation.com.au](mailto:workplacegiving@slsfoundation.com.au) or fax 1800 782 020**



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