



## Workplace Giving Program Employee Authority Form

Please complete this form and return it to your payroll office

This form is a (please tick):

- New request  
 Change in details to replace my existing authority

DETAILS:

First Name: \_\_\_\_\_

Surname: \_\_\_\_\_

Department: \_\_\_\_\_

Staff number: \_\_\_\_\_

YES! I would like to help RACQ CQ RESCUE continue to provide a vital life saving community service.

I would like to donate  \$2  \$5  \$10  other amount \_\_\_\_\_ each week

Signed \_\_\_\_\_ Date \_\_\_\_\_

*Thank you for making a difference!*