



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.

- Each week I would like to donate:
- \$5
 - \$10
 - \$20
 - Other amount \$ _____

Signed: _____ Date: _____