



## Workplace Giving Form

Payroll Donation Authority			
Full name: _____	Employee No. _____		
Company Name: _____			
Company Address: _____			
_____	Postcode: _____		
Home Address: _____			
_____	Postcode: _____		
Contact Phone Number: _____			
Email: _____			
I would like to donate the following amount per pay period to the Westpac Life Saver Rescue Helicopter Service:			
<input type="checkbox"/> \$2	<input type="checkbox"/> \$5	<input type="checkbox"/> \$10	<input type="checkbox"/> Other (Please specify) _____
Please deduct the above amount from my weekly/fortnightly/monthly salary and send to the Westpac Life Saver Rescue Helicopter Service (Southern Region SLSA Helicopter Rescue Service P/L) who are an approved Deductible Gift Recipient (DGR) charity.			
Signed _____		Date _____	

**Forward Cheque to:**

**The Westpac Life Saver Rescue Helicopter**

PO Box 61 Matraville NSW 2036

Ph: 02 9311 3499 / 1800 805 528

Fax: 02 9311 0041

Email: [info@lifesaver.org.au](mailto:info@lifesaver.org.au)  
[www.lifesaver.org.au](http://www.lifesaver.org.au)

**Or:**

**Direct Deposit To:**

Westpac Bank

Account Name: Southern Region SLSA

Helicopter Rescue Service

Account Number: BSB 032 005 No. 881 907