

To get started, simply complete this form and give it to your payroll officer for processing. All donations of \$2 or more are tax-deductible.

- New request
 Change my details to replace existing authority

Details

First Name: _____ Surname: _____

Department: _____

Staff Number: _____ Contact Number: _____

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

Each **week** I would like to donate:

\$5 \$10 \$20 Other Amount \$ _____

Signed: _____ Date: / / _____

Thank you for your support!



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