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## WORKPLACE GIVING AUTHORISATION FORM

Little Wings is a not for profit organisation providing air and ground transportation for seriously ill children and their families from regional NSW to access specialist medical treatment at the Children's Hospitals in major city centres.

Workplace Giving offers a long term and sustainable form of funding for our vital service, helping us to meet the increased demand for flights.

Little Wings is a registered charity and a Deductible Gift Recipient (DGR) which means that your donation is deducted from your gross salary thereby reducing your taxable income. Workplace Giving offers an efficient and tax effective way of donating by receiving your tax deduction at the time the donation is made and recorded by your employer in your payment summary.

We thank you for contributing to Little Wings Employee Giving Program. Your donation will enable Little Wings to assist more seriously ill children from regional NSW access the lifesaving treatment they need.

## A little contribution every pay day goes a long way to heling keep Little Wings flying....

Setting up Workplace Giving is easy and involves 3 simple steps:

- 1. Complete the Workplace Giving Authorisation Form below and provide to your Payroll Manager
- 2. Instruct your Payroll Manager to deduct your nominated donation amount from your gross pre-tax salary every pay period
- 3. Request the Payroll Office to email the completed form to accounts@littlewings.org.au or send a hard copy to PO BOX 7865, Baulkham Hills, NSW, 2153

## Information for Payroll:

Please email completed forms to accounts@littlewings.org.au along with contact details for the Payroll Manager. Upon receipt of the completed form, we will advise you of payment details including Little Wings bank account and BSB details.

To auth	orise regular deductions from y	our pay, please com	plete the details below	and return to your Payroll	Manager.
	Full Name:				
	Company:				
	Employee ID:				
	Home Address:				
	Email Address:				
	Work Phone Number:				
	Mobile Phone Number:				
□ \$10	like to support Little Wings thro □ \$20 □ \$30		□ Other		iou.
Frequer	ncy of Donation:				
□ Weekly □ Fort		nightly	□ Monthly		
	deduct this amount from my reg irst pay date after receipt of this				
Signed			Date		
□ I woul	d like to be kept up to date – p	lease send me your	quarterly newsletter on	email	