



**QUEENSLAND AMBULANCE SERVICE
LEGACY SCHEME INCORPORATED**

STAFF DONATIONS via PAYROLL CONTRIBUTION

I, _____ Payroll Number, _____

authorise the QAS payroll office to deduct \$_____

Address for Receipt: _____

- fortnightly** from my pay until otherwise advised by me
- once** from my pay

for a **Tax Deductible Gift Donation** to the **Queensland Ambulance Service Legacy Scheme Incorporated**.

I understand that donations must be \$2.00 or above to be tax deductible under Australian Tax Office guidelines.

Signed Date

Email form to: gas.legacy@ambulance.qld.gov.au

Post form to: **Queensland Ambulance Service Legacy Scheme
PO Box 108
Bundaberg QLD 4670**

Please Note: Official Tax Deductible Receipts will be issued during the month of July in the next financial year.