



'Looking after our Ambulance Officers'

**Queensland Ambulance Service Legacy Scheme Incorporated
STAFF DONATIONS via PAYROLL CONTRIBUTION**

I, _____ Payroll Number, _____
authorise the QAS payroll office to deduct \$_____ (Nominal \$10 per fortnight)

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: info@qaslegacy.org

Post form to: Queensland Ambulance Service Legacy Scheme Inc
PO Box 362
ROCKHAMPTON QLD 4700

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



Email info@qaslegacy.org • Website www.qaslegacy.org

For updates on QAS Legacy Scheme Inc activities, please visit our website or find us on Facebook
<https://www.facebook.com/QASLegacy/>



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Queensland Ambulance Service Legacy Scheme Incorporated Member Contact Form

Please complete the below contact information and return to info@qaslegacy.org to ensure your Official Tax Deductible Receipt and QAS Legacy Scheme Incorporated Updates and Events can be provided to you.

First Name: _____

Surname: _____

Preferred Name: _____

Residential Address: _____

Suburb: _____

State: _____

Post Code: _____

Postal Address: _____

Suburb: _____

State: _____

Post Code: _____

Phone Number: _____

Primary Email: _____

Secondary Email: _____

QAS LASN: _____

If you have been referred by a QAS Legacy Scheme Member, please let us know:

Referred by: _____



Email info@qaslegacy.org • Website www.qaslegacy.org

For updates on QAS Legacy Scheme Inc activities, please visit our website or find us on Facebook
<https://www.facebook.com/QASLegacy/>