

Yes, I want to support Surf Life Saving WA



To start your Workplace Giving with Surf Life Saving WA, please fill out this form and return it to your employer.

Employee Details

Name: **Employee ID** (if applicable):

Position: **Department:**

Address:

Phone: **Email:**

I would like to donate \$..... per pay

Declaration: I understand that completing this form provides my employer with the authority to deduct the above donations for Surf Life Saving WA from my pay.

Signature:

Date: ____/____/____

Employers, please head to www.mybeach.com.au/support-us/workplace-giving, email fundraising@skswa.com.au or call 9207 6666 for more information on Workplace Giving with Surf Life Saving WA.