



## Set up Workplace Giving with your employer

Workplace giving is an easy and tax-effective way to support Allowah. By setting up a regular donation with your payroll department, you can donate directly from your pre-tax pay.





**Based in Sydney, Allowah Presbyterian Children's Hospital has been caring for children with complex disabilities and medical needs for over 70 years.**

**By supporting Allowah you will be:**

- Ensuring the future of this special hospital.
- Helping to provide respite for families.
- Giving children with complex disabilities and medical needs the care and support they deserve.
- Standing beside children who society often overlooks.
- Improving the quality of life for kids with complex medical needs.
- Providing families a place where they feel understood.

**"Allowah has provided a home away from home for our severely disabled daughter, Grace. She is much loved and expertly cared for by dedicated medical and allied health care professionals."**

**- Kimberly, mother**



## Workplace Giving Authorisation Form

To authorise regular donations from your pay for Allowah Presbyterian Children's Hospital, please complete the form below. Please give this form to your Payroll Manager and send a copy to Allowah.

Full name: \_\_\_\_\_

Company: \_\_\_\_\_ Position: \_\_\_\_\_

Employee Payroll no: \_\_\_\_\_

Work email: \_\_\_\_\_ Personal email: \_\_\_\_\_

Work phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

### Workplace Giving Pledge Amount

I would like to donate the following amount each pay period to Allowah Presbyterian Children's Hospital.

\$50       \$30       \$15       \$10       \$5       My choice \$ \_\_\_\_\_

Please deduct this amount from my regular pay and transmit to Allowah Presbyterian Children's Hospital. I authorise deduction to commence on the first pay date after receipt of this authorisation. This authorisation will remain in force until cancelled in writing. I understand that Workplace Giving deductions will be made from my pre-tax pay, so that I will receive the tax benefit immediately. I acknowledge that small fortnightly donations may not have an impact on my fortnightly tax withheld. I understand that once a deduction has been made it cannot be recovered. I acknowledge that donations made under this arrangement are made voluntarily and unconditionally and I will not benefit from the donation other than the benefit of the deduction itself.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please give this form to your payroll department and send a copy to [pssaccounts@pcnsw.org.au](mailto:pssaccounts@pcnsw.org.au)**

### Payroll Manager checklist

\_\_\_ Please notify Allowah of the set up of Workplace gift at [pssaccounts@pcnsw.org.au](mailto:pssaccounts@pcnsw.org.au)

\_\_\_ Each pay period please transfer the total pre-tax employee donations for that payroll period to

BSB: 032 000 Account: 003 988 Please include "Allowah" and your name in the description.

Any questions, please email the Finance Team at [pssaccounts@pcnsw.org.au](mailto:pssaccounts@pcnsw.org.au)