

AUTHORITY TO DEDUCT

Staff giving

PLEASE RETURN THIS FORM TO FINANCIAL SERVICES (PAYROLL). All donations of \$2 or greater are tax deductible. A receipt for tax purposes will be mailed to you at the end of each fiscal year. For further information please contact the Foundation on tel. 5430 1104 or go to the website at www.usc.edu.au/giving.

Staff ID								Work Area	
Job Record #								Tel Extension No:	
Last Name							Given Name(s)		

METHOD OF SUPPORT

OPTION 1: Fortnightly Deductions

Step A: Please deduct the following **amount** fortnightly as an after-tax donation (from net pay):

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other amount, please indicate:
\$2.00	\$5.00	\$10.00	\$50.00		\$ _____

Step B: Please deduct the amount above for the following **number of Fortnights**:

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other number, please indicate:
10	25	50	Ongoing		_____

OPTION 2: One-off Deduction
Please deduct the following **amount** as a one-time deduction from my next net pay:

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other amount, please indicate:
\$25.00	\$50.00	\$100.00	\$500.00		\$ _____

All deductions will commence from the next available pay day after receipt of this form.

AREA OF SUPPORT

I wish to support the following priority area (please tick one):

- Scholarships and Bursaries
 Campus Enhancement (USC Olympic Pool)
 Research
 Art Gallery Exhibitions
 University Initiatives (unrestricted)

RECOGNITION The University recognises donors in University lists and publications.

- Please show my/our name/s as: _____
 Please make my gift anonymous.

PRIVACY NOTICE

The information you supply will be used solely for processing gifts to the University. Your details will not be disclosed to third parties without your consent, except to meet government, legal or other regulatory authority requirements. A copy of our privacy policy is available on our website: www.usc.edu.au/privacypolicy.

STAFF MEMBER'S CERTIFICATION

I authorise the above amount be deducted from my net pay as a donation in support of the above University priority area.

Staff Member's Signature

____/____/____
Date

PAYROLL PROCESSING

FOUNDN Code	Deduction Amount	\$ _____	<input type="checkbox"/> Copy of form to Foundation
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Processed by: _____ Date: ____/____/____ Checked by: _____ Date: ____/____/____

Please return this form to: Financial Services (Payroll), University of the Sunshine Coast, MAROOCHYDOORE DC QLD 4558