





Yes, I would like to become a supporter of PCYC NSW

## TO BE RETURNED TO PCYC REPRESENTATIVE Or email: fundraising@pcycnsw.org.au TITLE: Mr / Mrs / Ms / Dr NAME: **BIRTH YEAR:** POSTCODE: **PERSONAL EMAIL: PERSONAL PHONE: SIGNATURE:** TO BE PROVIDED TO PAY OFFICER **PAY NUMBER:** I, ...... hereby authorise the deduction of \$ ...... per week from my wages/salaries for and on behalf of the Police Citizens Youth Clubs NSW Ltd. The total of these deductions are allowable for taxation purposes. **SIGNATURE:** DATE:

Police Citizens Youth Clubs NSW Ltd 2/6B Figtree Drive, Sydney Olympic Park, NSW 2127 1800 77 7292 | pcycnsw.org.au

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