

Payroll Giving Authorisation Form

Please provide Name of Charity, Address (if known) and Charity Number

NAME OF CHARITY: _____

ADDRESS (if known): _____

CHARITY NUMBER: _____

Other preferred cause and address (if known) and amount to each cause:
(name of cause you wish to benefit including local school, church, brownies, scouts, ETC.)

TOTAL AMOUNT TO BE DEDUCTED FROM MY PAY PER MONTH (please tick the relevant box)

£5.00 per month £10.00 per month
£20.00 per month Other amount £ _____

I wish my charitable donation to be anonymous

PERSONAL DETAILS (please use block capitals)

I confirm that my payroll giving donation to charity is not being made under Gift Aid or Deed of Covenant

Mr Mrs Miss Ms Other _____

Surname _____

First Name _____

Home Address _____

Post Code _____

Tel. No. _____

E-mail _____ Employee no. _____

Name of Company _____

Workplace Address _____

Post Code _____

Work Tel. No. _____ E-mail _____

Signed _____ **Date** _____

Charities Trust will use your information for administration and analysis. We may share your information with other companies or carefully selected third parties. We, or they, may send you details of other goods and services which may be of interest to you. The information may be provided by letter, telephone or other reasonable means of communication. If you do not want your details to be shared with carefully selected third parties, please tick this box

If you need more information please contact Charities Trust on 087070 87878

Please send this form to your Fundraising Department.

**THIS SECTION MUST BE
COMPLETED BY THE
PAYROLL DEPARTMENT**

**DATE
ACTIONED:**

**COMPANY
STAMP /
SIGNATURE**