

# MODEL PAYROLL GIVING DONATION FORM

PLEASE COMPLETE THIS FORM IN BLOCK CAPITALS

SURNAME: ..... TITLE: MRS/MR/MISS/MS (Delete as appropriate)

FORENAMES: .....

HOME ADDRESS: .....

..... POST CODE: .....

TELEPHONE NO: HOME ..... WORK: .....

N.I.NUMBER (if known): ..... EMPLOYEE/STAFF NO: .....

EMPLOYER'S NAME: ..... LOCATION (Town) .....

JOB TITLE: ..... DEPARTMENT: .....

AGE (please tick box):    16-25     26-35     36-45     46-55     56 +

**WE NEED TO KNOW THE FOLLOWING:**

Name & address (if known) of the Charity(ies) you wish to support.	<i>How much do you wish to give?</i>
<i>Children's Heart Federation 2-4 Great Eastern Street, London, EC2A 3NW</i>	£                    :                    p
	£                    :                    p
	£                    :                    p
	£                    :                    p
<b>TOTAL</b>	£                    :                    p

PER MONTH/WEEK OR OTHER (please specify): ..... Are you an existing payroll giver YES/NO

SIGNED: ..... DATE: .....

**What is Payroll Giving?** It's a simple and tax-effective way to support any charity of your choice. You decide how much you want to give each week or month, by completing this form, you ask your payroll department to deduct your donation from your pay at source.

**How does my donation reach my charity?** Your payroll department sends your total donation to an HMRC approved Payroll Giving Agency which forwards your gift on to your chosen charity(ies) every month.

**Please tick this box if you wish to receive acknowledgement from your chosen charity(ies) upon receipt of your gift**

**The (name of your charity) will keep you in touch with how your donation is being used by sending (whatever you intend to send) please tick this box if you do not wish to receive this information**

Your name and address will not be passed to any other organisation by the (name of your charity).