

Payroll Giving Application Form

I would like to give a regular donation of:

£20 £10 £5 State other amount _____

Frequency:

Weekly 4-Weekly Monthly

(If you already give to charity by payroll giving this donation will be added to existing donations unless otherwise instructed.)

Personal Details:

Name

Address

Postcode

Telephone Number

Home/work/mobile

e-mail address

Employment Details:

Employer's Name

Employer's Address

Employer's Postcode

National Insurance Number

Employee Number*

*This will be on your payslip. We can't accept your donation without it.

Declaration:

Please deduct the total above from my gross pay when indicated as a gift to PCD Family Support Group. I understand that no further tax is recoverable on this gift.

Signed:

Date:

Please send the completed form to:
Payroll Giving, PCD Family Support Group
15 Shuttleworth Grove
Wavendon Gate
Milton Keynes
MK7 7RX

We'd like to keep you informed about our work and fundraising. If you would prefer not to be contacted please tick the box.