|  |  |
| --- | --- |
| Payroll Giving Form | New Picture |

## *Please complete this form and forward it to the Payroll Department (Room 114 AH-SH)*

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Title  | Mrs | Mr | Miss | Ms | Prof | Dr | Other (please specify)  |
|  |  |  |  |  |  |  |

|  |  |
| --- | --- |
| Surname  |  |
|  |  |
| Forename(s) |  |
|  |  |
| Home address |  |
| Postcode |  |
|  |  |  |  |
| Telephone numbers | Home | Mobile | Work ext. |
|  |  |  |

|  |  |
| --- | --- |
|  |  |
| National Insurance no  |  | Employee no |  |
|  |
| Dept/School  |  | Location |  |
|  |
| Job title |  |
|  |  |
| Name and address of charity you wish to support        | How much do you wish to give per month? |
|  | **£**  |
|  | **£** |
|  | **£** |

## Are you an existing payroll giver?

##

|  |  |
| --- | --- |
| Yes |  |
| No |  |
|  |  |
| Signed |  | Date |  |