|  |  |
| --- | --- |
| 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 |  |