



## Payroll Giving Application Form

Name: \_\_\_\_\_

would like to give a regular donation of:

£20  £10  £5  Other amount  Please state £ \_\_\_\_\_

Weekly  4-weekly  Monthly

(If you already donate to a charity through Payroll Giving this donation will be added to existing donations unless otherwise stated)

### PERSONAL DETAILS

Title: \_\_\_\_\_ First Name: \_\_\_\_\_

Surname: \_\_\_\_\_

Home Address: \_\_\_\_\_

\_\_\_\_\_ Post Code: \_\_\_\_\_

Tel: \_\_\_\_\_

Email: \_\_\_\_\_

Employer's Name: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

\_\_\_\_\_ Post Code: \_\_\_\_\_

National Insurance Number: \_\_\_\_\_

Employee Number: \_\_\_\_\_

(We cannot process your donation without this. You will find the details on your payslip.)

### Declaration

(this must be completed and signed)

Please deduct the total above from my gross pay when indicated as a gift to Leeds Teaching Hospitals Charitable Foundation - registered charity number. I understand that no further tax is recoverable on this gift.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

DATA PROTECTION: Leeds Teaching Hospitals Charitable Foundation will not pass your contact details to other organisations. If you do not wish to be added to our mailing list to receive news and updates, please tick in the box.

No thank you

Please return the completed form to:

Leeds Teaching Hospitals Charitable Foundation, Leeds General Infirmary, Great George Street, Leeds, LS1 3EX.