



PAYROLL GIVING DONOR JOINING FORM

Please complete this form in **BLOCK CAPITALS** and blue or black ink

This form is a (tick as appropriate):

- First Time Request
 Addition to Existing Instructions
 Replacement for Existing Instructions

Mr/Mrs/Ms/Other Surname Forename

Home Address

..... Postcode

Daytime Telephone No Mobile No

Employer's Name

Workplace Address

..... Postcode

National Insurance No Employee No

<i>DIRECT DONATION</i>				Gross Donation		Official Use		
						Employer Matching	Payroll Giving No.	
Charity Name(s), Address(es), Postcode(s), Registration No(s) if known				£	p	£	p	
1	Scottish Motor Neurone Disease Association							
	76 Firhill Road, Glasgow G20 7BA	Charity Reg No	SCO 02662					
2								
		Charity Reg No						
3								
		Charity Reg No						
TOTAL								

Tick below as appropriate:

- I am paid monthly
 I am paid weekly
 I do not want my name given to the above charities

- I wish to keep my choice of charity(ies) confidential from my employer.

N.B If you tick this box you must send this form direct to your employer's payroll giving agency.

DECLARATION (this must be completed and signed)

Please deduct the total of £..... from my gross pay each pay day as a gift to charity. I confirm my understanding is that no further tax is recoverable on this gift. I understand that only gifts to organisations with charitable status within the UK can be accepted and that no gift can be made as a membership subscription or to pay for goods or services supplied.

Signature

Date

Payroll giving agencies may deduct administration fees (typically 4% min.) to cover their costs. Some employers pay this charge on behalf of their employees.