

# Payroll Giving Form

Title  Mr  Mrs  Miss  Ms  Other

First name(s)

Surname

Home address

Postcode

Home email

Home telephone

Company name

Company address

Postcode

Work email

Work telephone

National Insurance Number

Employee number

## Pay Period

Monthly  4-Weekly  Fortnightly  Weekly  Other

## I wish to donate to Together for Short Lives through the Payroll Giving Scheme

£5  £10  £15  £20  Other

Signature

Date

We may occasionally use your information to contact you in the future about Together for Short Lives activities and fundraising. If you do not wish to be contacted please let us know.

If you are happy for us to contact you by telephone, please tick here.

If you are happy for us to contact you by email, please tick here.

**Please take this form to your payroll department. If they do not have a Payroll Giving scheme, please direct them to our *Payroll Giving Guide for Employers*.**

## Thank you for your support!