

PLEASE COMPLETE THIS FORM IN BLOCK CAPITALS

PAYROLL GIVING

SURNAME: _____ TITLE: MRS / MR / MISS / MS (Delete as appropriate)

FORENAMES: _____

HOME ADDRESS: _____

_____ POST CODE: _____

TELEPHONE NO: HOME _____ WORK _____

N.I.NUMBER (if known): _____ EMPLOYEE/STAFF NO: _____

EMPLOYER'S NAME: _____ LOCATION (Town) _____

JOB TITLE: _____ DEPARTMENT: _____

WE NEED TO KNOW THE FOLLOWING:

<i>Name & address (if known) of the Charity(ies) you wish to support.</i>	<i>How much do you wish to give?</i>
SWANSEA CHARITY PARTNERSHIP	£ : p
	£ : p
	£ : p
	£ : p
TOTAL	£ : p

PER MONTH/WEEK OR OTHER (please specify): _____

Are you an existing payroll giver YES / NO

SIGNED: _____ DATE: _____