



Payroll Giving Form

Please complete this form and give it to your payroll department

PERSONAL INFORMATION

TITLE	<input type="radio"/> MRS	<input type="radio"/> MR	<input type="radio"/> MISS	<input type="radio"/> MS
FORENAME				
SURNAME				
HOME ADDRESS				
CITY			POST CODE	
HOME PHONE NO			WORK PHONE NO	
N.I. NUMBER				

EMPLOYER INFORMATION

EMPLOYER NAME				
EMPLOYER ADDRESS				
CITY			POST CODE	

EMPLOYEE INFORMATION

EMPLOYEE NUMBER	
DEPARTMENT	
JOB TITLE	

CHARITY INFORMATION

CHARITY NAME	RAMVIJ CHARITY TRUST
CHARITY ADDRESS	49 LOWER ADDISCOMBE ROAD, CROYDON, CR0 6PQ
DONATION AMOUNT	£
FREQUENCY	<input type="radio"/> PER MONTH <input type="radio"/> PER WEEK <input type="radio"/> OTHER (Please specify)
EXISTING PAYROLL GIVER?	<input type="radio"/> YES <input type="radio"/> NO

SIGNED	
DATE	

Thank you for your generous donation!