

Please complete this form in block capitals and give to your payroll department.

**P A Y R O L L   G I V I N G   F O R M**

Surname: \_\_\_\_\_ Title: Mrs/Mr/Miss/Ms (Delete As Appropriate)

Forenames: \_\_\_\_\_

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

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

Telephone (H) \_\_\_\_\_ (W) \_\_\_\_\_

Ni Number (If Known) \_\_\_\_\_ Employee/Staff No: \_\_\_\_\_

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

Location: \_\_\_\_\_

Job Title: \_\_\_\_\_ Department: \_\_\_\_\_

Age (Please Tick Box)  16-25  26-35  36-45  46-55  56 +

Name and address of charity/ies you wish to support:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How much do you wish to give: £ \_\_\_\_\_ : \_\_\_\_\_ £ \_\_\_\_\_ : \_\_\_\_\_ £ \_\_\_\_\_ : \_\_\_\_\_

ARE YOU AN EXISTING PAYROLL GIVER:  YES  NO

**SIGNED:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

Your payroll department will send your total donation to an HMRC approved Payroll Giving Agency which will forward your gift to your chosen charity/ies every month. If your employer has not yet set up a payroll giving scheme, please refer them to [www.charitablegiving.co.uk](http://www.charitablegiving.co.uk).

We would like to keep in touch with you to let you know how your donation is helping the DRWF's important work but if you do not wish to receive acknowledgement from us and only wish to be contacted in the event of a specific query needed to resolve the processing of your data for the purposes of these instructions, please tick here.

Your name and address will not be passed to any other organisation by the Diabetes Research & Wellness Foundation.