



## **Donation Choice Form**

Please complete the following to give under the Payroll Giving scheme to any UK registered charity or charitable organisation.

Employer Details (Required Section; by proceeding you agree to your Employer Details being shared with your chosen charities)  Company/Employer Name:														
Company/Employer Address:														
	Personal Details (Required Section; these details will not be shared with your chosen charities unless requested below)  Your information will be handled in accordance with our Privacy Policy which can be found at www.charitablegiving.co.uk/Privacy-Policy.													
Title: First Name: Surname:								Staff No:						
Email:		Your email address is required only so that we may co you, if necessary, to verify any of the information subm										•		
	Contact Details (Optional Section; details will be shared with your chosen charities if specified in the Donation Choices section below)  Post:   Postal Address													
Email:														
Telepl			e Number	SMS:	Mobil	le Nu	u m b e r							
'Email', 'Tel' or 'SMS' boxes below, the information you provide, along with your first and last name, will be shared with the corresponding charity. Each chosen charity will have its own privacy policy and Charitable Giving is not responsible for how your chosen charities use the information you provide. If you do not check any of the communication boxes for a charity, then your personal details and contact details will not be shared. The contact preference instructions you submit will supersede any previous preferences you have provided.  Details of only the total Payroll Giving donation may be transmitted to an Employer's payroll office and will usually take effect from the next month's pay. Should it be impossible to pass on a donation (e.g., if the charity ceases to exist or cannot be identified/adequately verified) Charitable Giving shall, at its sole discretion, identify an alternative charity (with similar charitable objectives to that originally nominated) to be the recipient of the donation.														
Charity Choices							Amount (£)	( <u>£</u> )	Contact Preferences Name					
				_					Post	Email	Tel	SMS	only	
	ART STO	P	AMEND	ONE-OF	F									
Nar Cha	ne: rity No:													
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Cha	rity No:													
Total deduction amount for this instruction:														
DECLARATION: By completing this form you confirm your understanding that no further tax (Gift Aid) is recoverable on this gift and understand that only gifts to organisations with charitable status within the UK can be accepted. No gift can be made as a membership subscription or to pay for goods and services supplied.														
Sigi	ned:						[	Date:						
On completion, please return this form to: Charitable Giving, Union Mine Road, Pitts Cleave, Tavistock, Devon, PL19 0NS														
or email to: mail@charitablegiving.co.uk														
<b>7</b> @C	CharitbleGiving								€		6			

/CharitableGivingUK