

# Payroll Giving Form

Thank you for taking the time to fill out this simple form and helping VSO to fight poverty in some of the most disadvantaged communities around the world. Please complete the form and send it to Emma Davies, VSO Payroll Giving, 317 Putney Bridge Road, London SW15 2PN



## I would like to give tax free from my salary to VSO (reg. Charity 313757)

- |  |  |
|--|--|
| <input type="checkbox"/> £10.00 per month, at a cost to me of £7.80*   | <input type="checkbox"/> £20.00 per month, at a cost to me of £7.80* |
| <input type="checkbox"/> £50.00 per month, at cost to me of £39.00*  | <input type="checkbox"/> £100.00 per month, at cost to me of £78.00* |
| <input type="checkbox"/> Other amount, per month, please state £ _____ per week/ month<br>(*Based on 22% tax rate) |  |

**\*Please tick one of the options below to indicate the nature of your gift:** (please note an asterisk denotes a mandatory field)

- First time request
- Addition to existing instruction
- Replacement for existing instruction (if a replacement, the existing record will be deleted and replaced with the information on this form)

## Your Details (please note an asterisk denotes a mandatory field)

Preferred Title \_\_\_\_\_ \*Name \_\_\_\_\_

\*Address \_\_\_\_\_

\_\_\_\_\_ \*Postcode \_\_\_\_\_

Telephone No \_\_\_\_\_ E-mail Address \_\_\_\_\_

How did you hear about VSO? \_\_\_\_\_

## Employment Details (please note an asterisk denotes a mandatory field)

\*Employer's Name \_\_\_\_\_

\*Employee No \_\_\_\_\_ \*National Insurance No \_\_\_\_\_

\*Workplace Address \_\_\_\_\_

\*Postcode \_\_\_\_\_ Telephone No. \_\_\_\_\_

(in the event of a query)

## Declaration (This section must be completed and signed)

Please deduct a total of £ \_\_\_\_\_ from my gross pay each payday as a gift to VSO

I confirm my understanding is that no further tax is recoverable on this gift. I understand that only gifts to organisations with charitable status within the UK can be accepted and that no gift can be made as a membership subscription or to pay for goods or services supplied.

Signature \_\_\_\_\_ Date \_\_\_\_\_

### Data Protection Policy

If you complete this form VSO will store and process your data in accordance with the requirements of its Data Protection Policy and in keeping with the Data Protection Act 1998.

- VSO occasionally supplies information to other reputable organisations. Please tick here if you do not want your data to be used in this way.