

Payroll Giving Authorisation Form

PLEASE COMPLETE THIS FORM IN BLOCK CAPITALS and Return to your HR/Payroll Department

SURNAME: TITLE:

FORENAMES:

HOME ADDRESS:

.....

..... POST CODE:

TELEPHONE NO: HOME WORK:

E-MAIL:

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

EMPLOYER'S NAME: LOCATION (Town)

JOB TITLE:

DEPARTMENT:

AGE (please tick box): 16-25 26-35 36-45 46-55 56 +

Name & address (if known) of the Charity/Charities you wish to support.	How much do you wish to give?
<i>Practical Action, The Schumacher Centre for Technology and Development, Bourton on Dunsmore, Rugby, Warwickshire, CV23 9QZ. Charity Reg. No: 247257</i>	£ :
	£ :
	£ :
TOTAL	£ :

PER MONTH/WEEK OR OTHER (please specify):

Are you an existing payroll giver? YES/NO

For HR Dept: Please return completed forms to your payroll administrators e.g. Charities Aid Foundation (CAF)

SIGNED: DATE:

In accordance with the 1998 Data Protection Act, Practical Action holds any details you give us for marketing purposes. If you do not wish to receive any future information or updates from us at Practical Action, please write to the Data Controller at the address shown. If you would rather your name was not included, please tick this box . We will never supply your information to a third party if you tell us not to.