Payroll Giving Form

Title ☐ Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other

First Name(s)

Surname

Home Address

Postcode

Home Email

Company Name

Company Address

Postcode

Work Email

Work Telephone

National Insurance Number

Employee Number

Pay Period

☐ Monthly ☐ 4-weekly ☐ Fortnightly ☐ Weekly ☐ Other (please state)

I wish to donate to BulliesOut through the Payroll Giving Scheme

☐ £5 ☐ £10 ☐ £15 ☐ £20 ☐ Other (please state)

Signature

Date / /

We may occasionally use your information to contact you in the future about BulliesOut activities and fundraising. If you do not wish to be contacted, please let us know.

If you are happy for us to contact you by phone, please tick here ☐

If you are happy for us to contact you by email, please tick here ☐

Please take this form to your Payroll Department. If they do not have a Payroll Giving Scheme, please direct them to our ***Payroll Giving Guide for Employers.***

Thank you for your support