



Donation Choice Form

Please complete the following to give under the Payroll Giving scheme to any UK Registered Charity or Charitable Organisation.

Employer Details (Mandatory Section; by proceeding you agree to your **Employer Details** being shared with your chosen charities)

Company/Employer's Name:

Company/Employer's Address:

Personal Details (Fields marked with an * are required. 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 charitablegiving.co.uk/privacy.htm

Title*: First Name*: Surname*: Payroll/Staff No:

Email Address*: Your email address is required only so that we may contact you, if necessary, to verify any of the information submitted.

Your chosen charities may wish to contact you from time to time. If you complete any of the optional fields below, the information that you provide, along with your first and last name, will be shared with your chosen charities. 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 below. If you do not provide any information below then your personal details will not be shared and your donation will be anonymous.

If you wish to share your **First Name and Surname only**, please tick here ☐

By Post Home Address:

By Phone Phone No:

By SMS Mobile No:

By Email Email Address:

Please note: The contact preference instructions you submit will supersede any previous preferences you have provided.

Donation Details

Please specify only one type of donation, either **MONTHLY**, **WEEKLY** or **ONE-OFF**. For **Monthly/Weekly** donations, please tick **START** for a new donation, **STOP** for an existing donation to be stopped, or **AMEND** if an existing donation is to be increased or decreased. If you are **amending** a donation, enter the **new** amount; if you are **replacing** one donation with another, please list the destination and amount of both and indicate **STOP** for one and **START** for the other. For a **ONE-OFF** donation, please specify the amount(s) only. One-off donations will be made in addition to any existing regular donations.

The minimum donation across chosen charities is **£1.00 per week** or **£5.00 per month**.

Details of only the total Payroll Giving donation may be transmitted to an Employer's payroll office and will usually take effect on the first pay day after receipt.

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.

I wish to give my donations: **MONTHLY** ☐ **WEEKLY** ☐ **ONE-OFF** ☐

Chosen Charity 1 **START** ☐ **AMEND** ☐ **STOP** ☐ Pledge Amount: £

Name:	Address (if small/local charity, or church):	Charity Registration Number:
<input type="text"/>	<input type="text"/>	<input type="text"/>

Chosen Charity 2 **START** ☐ **AMEND** ☐ **STOP** ☐ Pledge Amount: £

Name:	Address (if small/local charity, or church):	Charity Registration Number:
<input type="text"/>	<input type="text"/>	<input type="text"/>

Chosen Charity 3 **START** ☐ **AMEND** ☐ **STOP** ☐ Pledge Amount: £

Name:	Address (if small/local charity, or church):	Charity Registration Number:
<input type="text"/>	<input type="text"/>	<input type="text"/>

Individual Options Accounts **START** ☐ **AMEND** ☐ **STOP** ☐ Pledge Amount: £

To open an Individual Options Account regular funding of at least £1 per week or £5 per month is required. Please ensure that you have read the Terms and Conditions before applying for an Individual Options Account. Please provide either your phone number or email address so we can contact you to set up your Options Account.

Phone No./Email Address:

Please note: If you are already contributing under the Payroll Giving scheme, no other changes will be made other than those shown above.

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.

Signed: **Date:** DD / MM / YYYY

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

