



This form authorises your Payroll Department to take the amount you specify from your gross salary. They will send the funds on to the Charities Aid Foundation (CAF), the agency that distributes donations to the relevant causes.

GAYE PAYROLL GIVING FORM

Name

Address

..... Postcode

National Insurance No(we are unable to process without this)

I would like to donate the amount below per month from my gross monthly pay to help the work of Cornwall Blind Association. Tick box £5 £10 £20 Other £_____ (state amount)

Employer's Name

Employee's Number (if applicable).....

Workplace Address

..... Postcode.....

Workplace Phone Number

Declaration (this must be completed and signed)

Please deduct a total amount above from my gross monthly pay each payday as a gift to Cornwall Blind Association. I confirm my understanding that no further tax is recoverable on this gift. I understand that no gift can be made as a membership subscription or payment for goods or services supplied.

- I agree to the above declaration
- Your personal details will be used solely by Cornwall Blind Association and our authorised agents for research and to advise you of additional fundraising opportunities/news that we think may be of interest. Please tick this box if you wish this to happen.
- Please tick this box if you are happy to receive email and other electronic forms of communication from Cornwall Blind Association.

Signature Date

Please give the completed form to your Payroll Department and send a copy to: Cornwall Blind Association, Truro Sight Centre, Newham Rd, Truro, TR1 2DP.

If you have any questions, call the Fundraising Department on 01872 266712.

THANK YOU FOR YOUR SUPPORT

Registered Charity No. 1108761