

## Payroll Giving Application Form

**Name:** \_\_\_\_\_

would like to give a regular donation of:

£20  £10  £5  Other Amount  Please State £ \_\_\_\_\_

Weekly  4 Weekly  Monthly

*(If you already donate to a charity through Payroll Giving this donation will be added to existing donations unless otherwise stated)*

### PERSONAL DETAILS

Title: \_\_\_\_\_ Forname(s): \_\_\_\_\_

Surname: \_\_\_\_\_

Home Address: \_\_\_\_\_

\_\_\_\_\_ Post Code: \_\_\_\_\_

Tel: \_\_\_\_\_ Email: \_\_\_\_\_

Employer's Name: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

\_\_\_\_\_ Post Code: \_\_\_\_\_

National Insurance No: \_\_\_\_\_

Employee No: \_\_\_\_\_

*(We cannot process your donation without this. You will find the details on your payslip.)*

### DECLARATION

*(this must be completed and signed)*

Please deduct the total above from my gross pay when indicated as a gift to Leeds Teaching Hospitals Charitable Foundation - registered charity number 1075308 - specifically for the benefit of the Yorkshire Brain Research Centre. I understand that no further tax is recoverable on this gift.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**DATA PROTECTION:** Yorkshire Brain Research Centre will not pass your contact details to other organisations. If you do not wish to be added to our mailing list to receive news and updates, please tick the box:

**Please return the completed form to:**

Fundraising Department, Yorkshire Brain Research Centre, Ground Floor, Trust Headquarters, St James's University Hospital, Beckett Street, Leeds LS9 7TF