

# Payroll Giving Form



## YES, I would like to support WellChild through Payroll Giving

**1** I wish to donate to WellChild (tax free and through my pay)

£5    £10    £15    Other (please specify)

**2**  Monthly    Weekly

**3** Title  First name   
Surname

**4** **My HOME details** (PLEASE USE CAPITALS)

Address   
 Postcode   
Phone   
Email

**5** **My WORK details** (PLEASE USE CAPITALS)

Company   
Address   
 Postcode   
Phone   
Email   
National Insurance No   
Employee No

**6** Signature  Date

WellChild will keep you up to date with information from the charity and details about how your donations are making a difference to seriously ill children in the UK. However, if you wish to remain anonymous to the charity, please tick here

Please take this form to your payroll department. If they do not have a Payroll Giving scheme in place, please direct them to the Guide for Employers, available at [www.payrollgivingcentre.com](http://www.payrollgivingcentre.com)

**Thank you for your kind support**

Charity registered in England and Wales 289600 and Scotland SC045010

