DONOR INSTRUCTION FORM

CONTRACT NUMBER

Please complete this form in BLOCK CAPITALS.

This form is a (tick as appropriate): ❑ First time request ❑ Addition to existing instructions ❑ Replacement for existing instructions*

* If a replacement, existing record will be deleted and replaced with the information on this form.

Mr/Mrs/Ms/other _____ Surname _____ Forename _____ Initial _____

Home address _____

_____ Postcode _____

Daytime telephone number (inc STD code) _____ Email _____

Employer's name _____

Workplace address _____

_____ Postcode _____

National Insurance Number† _____ Employee number _____

† We are unable to process your application without this. Your employer should be able to provide you with this information if you do not have it.

We may contact you about other services provided by Charities Aid Foundation or one of its subsidiaries.
Please tick the box if you would prefer us not to do so. ❑ I do not wish to be contacted about other services or events provided by CAF.

Please complete either Section A and the Declaration or Section B and the Declaration.

A - Charity Account

❑ I wish to open a Charity Account.

Please deduct £ _____ per month from my pay each pay day.

❑ I would prefer to have the words 'an anonymous donor' on my 'charity cheques' rather than my name.

❑ If you have an existing Charity Account please state the account number _____

Give As You Earn deducts a fee of 4% up to £13,500 and 1% between £13,500 and £74,000 to cover costs. This is indexed annually. Some employers pay this charge on behalf of their employees.

B - Direct Donation

Charity name(s) (and address(es) if known)	Donation (£)	Official use	Give As You Earn number	Total
			GRAND TOTAL	

Please tick the appropriate box(es) below:

❑ I do not want my name given to the above charities

❑ I am paid weekly ❑ I am paid monthly ❑ One-off donation

❑ I wish to keep my choice of charity(ies) confidential from my employer.

(If you tick this box, send the form direct to Give As You Earn, CAF, Kings Hill, West Malling, Kent ME19 4TA)

Give As You Earn deducts a fee of 4% (minimum 25p, maximum £10) per deduction to cover costs. Some employers pay this charge on behalf of their employees.

Declaration (this must be completed and signed)

Please deduct a total of £ _____ from my gross pay each pay day as a gift to charity.
I confirm my understanding is that no further tax is recoverable on this gift. I understand that only gifts to organisations with charitable status within the UK can be accepted and that no gift can be made as a membership subscription or to pay for goods or services supplied.

Signature _____ Date _____

Send the original of this form to your payroll department. Take two copies – one for your own reference and one which **MUST** be mailed to:
Graham Clark, Charities Aid Foundation, Kings Hill, West Malling, Kent, ME19 4TA

You should state when you mail in the copy of the form that this is for the **Peter Culverhouse Memorial Trust**, reference **T/70193576**
THIS IS IMPORTANT, AS OTHERWISE THE TRUST WILL NOT BENEFIT.

If you have any problems, or are unsure about what to do, please contact Graham Clark directly on 01732 529305.

www.giveasyouearn.org • 01732 520 019

Charities Aid Foundation: Registered Charity Number 268369