



Payroll Giving Donor Instruction Form

Please complete this form and return it to your Payroll or HR Department.

Title: First Name: Surname:

Home Address:

Town: Postcode:

Contact Phone No: Email:

National Insurance Number: [][][][][][][][][] Employee Staff No: []

Name and full postal address of your employer:

Company Name:

Address:

Town: Postcode:

Contact Phone No: Email:

I would like to make a donation from my salary to support:

Charity Name: Northern Ireland Chest Heart & Stroke (NICHS)

Charity Address: 21 Dublin Road, Belfast, BT2 7HB

Charity Registration Number: NIC103593

Donation Amount: £5 £8 £10 £15 £20 Other

Donation Frequency: Weekly Monthly 4-Weekly Annual

- This replaces my existing donation.
- This will be added to my existing donations.
- I would like my details passed on to NICHS so I can receive updates on how my donations are being used to help change lives.
- I would like to receive updates by post.
- I would like to receive updates by email.
- I would like to remain anonymous.

By signing this form you are confirming your understanding that: no further tax is recoverable on your gifts; 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 or services; no gift can be made to an organisation that returns a personal benefit in any way to you or someone connected to you.

Signature: Date: / /