

# JOHN HENRY MEMORIAL FUND

## Payroll Giving Form

Part A - I would like to give tax free from my salary to the John Henry Memorial Fund (reg. charity 1118007)

- £5.00 per month, at a cost to me of £3.90\*
- £10.00 per month, at a cost to me of £7.80\*
- £20.00 per month, at a cost to me of £15.60\*
- £50.00 per month, at a cost to me of £39.00\*
- Other amount, please state £ \_\_\_\_\_ per week/ month

\*Based on 22% tax rate

I already donate to charity by Payroll Giving

Yes  No

If you already give to charity by payroll giving this donation will be ADDED to existing donations unless otherwise instructed.

### Part B - Personal Information

Title \_\_\_\_\_

First Name \_\_\_\_\_

Surname \_\_\_\_\_

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

Postcode \_\_\_\_\_

Telephone number \_\_\_\_\_

Email \_\_\_\_\_

Please return this form to your payroll department

# JOHN HENRY MEMORIAL FUND

## Part C - Employer Information

Employers  
Name

Employers  
Address

Postcode

Employee  
Number

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

Telephone  
no:

(in the event of a query)

National  
Insurance  
No:

## Part D - Declaration (this must be completed and signed)

Please deduct £ \_\_\_\_\_ from my gross pay each month/week (delete as appropriate) as a gift to the John Henry Memorial Fund. I understand that no further tax is recoverable on this gift and that it may not be used as payment for goods or services received.

Signature

Date

Please return the completed form to your payroll Department