



Please print out this form and submit it to your payroll department.

### I WOULD LIKE TO GIVE TAX FREE FROM MY SALARY TO YORKHILL MUSCLE FUND

£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 £ \_\_\_\_\_ per month/week (delete as appropriate)

\* Based on 22% tax rate

I ALREADY DONATE TO A CHARITY BY PAYROLL GIVING  YES  NO

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

### PERSONAL DETAILS:

Title: \_\_\_\_\_

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

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

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

\_\_\_\_\_

Town/City: \_\_\_\_\_

County \_\_\_\_\_

Postcode: \_\_\_\_\_

Daytime telephone: \_\_\_\_\_

Evening telephone: \_\_\_\_\_

Mobile: \_\_\_\_\_

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

From time to time we would like to let you know about upcoming events and activities with the Yorkhill Muscle Fund.  
Please tick here if you do not wish to receive this information:

CONTINUED >



Please print out this form and submit it to your payroll department.

### EMPLOYER INFORMATION

Employers Name: \_\_\_\_\_

Employers Address: \_\_\_\_\_

\_\_\_\_\_

Town/City: \_\_\_\_\_

Postcode: \_\_\_\_\_

Employee Number: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

National Insurance Number: \_\_\_\_\_

### DECLARATION (this must be completed and signed)

Please deduct £\_\_\_\_\_ from my gross pay each **month/week** (delete as appropriate) as a gift to Yorkhill Muscle Fund Children's Charity. 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: \_\_\_\_\_