

donor instruction form

contract number

Please complete this form in BLOCK CAPITALS

This form is a (please tick as appropriate):

- first time request addition to existing instructions replacement for existing instructions*

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

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

Home address _____

Postcode _____

Please feel free to contact me on: In completing these you are giving us your permission to contact you about this particular product or service.

Daytime telephone number _____ 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.**

Calls may be monitored and/or recorded for training/security purposes; any such monitoring will take place in accordance with the law

Keeping you informed

We would like to tell you by letter, phone or email about additional products and benefits from the CAF group that we believe will be of interest to you. If you would prefer not to be contacted, please tick the appropriate boxes. Please note that ticking a box means that we will not be able to tell you about these additional benefits. CAF and the companies in which it has a majority stake (the group) will not share your information with any outside organisation except as part of providing a product/service or when legally obliged to do so. I do not wish to receive details of:

other products and services from the CAF group
 forthcoming events from the CAF group

Alternatively, write to: The Data Protection Officer, CAF, Kings Hill, West Malling, Kent, ME19 4TA giving your details and instructions.

A - Charity Account

I wish to open a Charity Account. Please deduct £ (min £10 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 £14,000 and 1% between £14,000 and £78,000 to cover costs. This is indexed annually. Some employers pay this charge on behalf of their employees.

B - Direct Donation

Charity name(s), address(es) with postcode(s) and Charity Registration number(s) (if known).	Donation		Official use
	£	p	Give As You Earn number
1 _____			
2 _____			
Total			

Please tick the appropriate box(es):

- 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 _____

