



The ALMA Hospital Trust

OFFICE USE
Name of presenter
PFO
Agency

Registered Charity No. 1054108

PO BOX 260
Watford
WD18 8HA

Amount to be deducted from my pay PER WEEK (please tick the relevant box)

£1.00 per week [] £2.50 per week [] Other amount of
OR £ _____

Amount to be deducted from my pay PER MONTH (please tick the relevant box)

£4.00 per month [] £10.00 per month [] Other amount of
£ _____

PERSONAL DETAILS (please use BLOCK CAPITALS)

I confirm that my payroll giving donation to charity is not being made under Gift Aid or Deed of Covenant

Mr [] Mrs [] Miss [] Ms [] Other _____

Surname _____

First Name _____

Home Address _____

Tel. No. _____ Post Code _____

PAY No. _____ PAY Centre _____

Name of Company _____

Workplace Address _____

Post Code _____

Work Tel. No. _____ Work E-mail _____

Signed _____ Date _____

Charities Trust will use your information for administration and analysis. We may share your information with other companies or carefully selected third parties, such as your chosen charity. We, or they, may send you details of other goods and services which may be of interest to you. The information may be provided by letter, telephone or other reasonable means of communication. If you do not want your details to be shared with carefully selected third parties, please tick this box []

If you need more information please contact Charities Trust on 0151 286 5129

Please send this form to your payroll department

THIS SECTION MUST BE COMPLETED BY THE PAYROLL DEPARTMENT

DATE ACTIONED:

[]

COMPANY STAMP SIGNATURE

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