



retired officers / medically retired officers & widows / widowers

Give As You Earn donor instruction form

Please refer to our guidance notes and data protection information overleaf, and read carefully before completing this form. Sections marked * are essential; sections marked ** are essential if opening a CAF Charity Account.

Your donations are extremely valuable to the charities you support – to ensure we are able to process your details quickly and accurately, please complete this form clearly using blue or black ink giving as much information as possible – thank you for your time.

My contact details Please complete using BLOCK CAPITALS

Mr/Mrs/Miss/Ms/Other _____ First name* _____ Last name* _____
 Home address** _____
 _____ Postcode* _____ Contact telephone _____
 Email address _____ Employer's name* _____
 Workplace address _____ Postcode _____
 Date of birth** _____ NI number* _____ Pension number* _____

My donation type Please tick the box adjacent to the instruction you wish to make

Regular giving

- A **first time** Give As You Earn instruction
- A permanent **addition** to my existing instructions
- A permanent **replacement** of my existing instructions

One-off giving

- A **one-off** donation for one pay period only
- To be **included** with my existing instructions
- Replace** my existing instruction for the next pay period only

I am paid (please indicate payment frequency/period) Monthly 4-weekly Weekly

My donation instructions Please provide a Charity Commission number and any sponsorship number if known

I wish to give tax free from my pay to Please continue on a second sheet for more charity choices

1st charity name _____ Anonymous from charity? Yes No
 Address _____ One-off donation? Yes No
 _____ Postcode _____ Donation amount
 Commission number _____ Sponsorship number _____ £10 £15 £20

2nd charity name _____ Anonymous from charity? Yes No
 Address _____ One-off donation? Yes No
 _____ Postcode _____ Donation amount
 Commission number _____ Sponsorship number _____ £10 £15 £20

CAF Charity Account A minimum monthly donation of £10 is required

I wish to open a CAF Charity Account with a donation amount of (minimum £10) £ _____

I would like a 'charity chequebook' Yes No and/or **CharityCard** Yes No

I would like the words 'an anonymous donor' printed on my 'charity cheques' rather than my name Yes No

I already have a CAF Charity Account and would like to amend my total donations to £ _____

My account number is

Declaration and data protection Please send this completed form to your Payroll Department

Charities Aid Foundation (CAF) will use your details to provide the Give As You Earn service to you and inform you of any additional products or benefits CAF believes will be of interest to you. If you would prefer not to be contacted please tick the relevant boxes.

I do **not** wish to receive details of: other product services forthcoming events from the CAF group

By signing below, I am confirming that I have read and agree to the declaration and data protection statement overleaf.

Please deduct a **regular giving amount** of £ _____ per pay period and/or (delete as appropriate)

Please deduct a **one-off amount** of £ _____ from my gross pay for the next pay period only.

Signature _____ Date ____/____/____

