

Payroll Giving Form

Your Details:

Salutation		Suffix/Honours	
First Name		Middle Name	
Surname		Known As	
Address			
Town/City		County	
Post Code			
Email Address			
Phone No.		Mobile No.	

(By providing your email address and telephone number you are agreeing to us contacting you in these ways).

Your Employer:

Company/ Organisation Name			
Workplace Address			
Town/City		County	
Post Code		Phone No.	
NI Number			
Employee / Staff Number			

How much would you like to donate on a monthly basis?

£5 £10 £15 Other £

Signed..... Date.....

Please give the original form to your payroll department and send a copy to:

**Beacon Centre for the Blind
Wolverhampton Road East
Wolverhampton
WV4 6AZ**

T: 01902 880111 E: supportus@beaconvision.org www.beaconvision.org

Thank you for signing up for Payroll Giving to support Beacon's work. Your donations will help to make a huge difference in the lives of those who call on our help.

Registered Charity Number 216092