

Manual Employee Payroll Giving Request Form for Community Waitakere Charitable Trust



Date:

Employee Name:
Division/Role
Employee # (if known)

Please make the following deductions from my wages/salary under the payroll giving scheme:

Donee Organisation Name:

Charities Commission Registration Number:

Donee Organisation Bank Account:

Donee Organisation Contact Details:

Address

Phone No

Contact email

Note to Employer: Please contact Community Waitakere prior to commencing payroll giving on behalf of your employee.

Donation Value

Donation Frequency

Start Date

End date

Signed