PAYROLL GIVING

APPLICATION FORM

(Office use only)

	☐ £10	☐ £15	Other £	Please enter the other amount
l understa	nd that this will h	ave to be deduct	ed from my pay by my	employer.
Title:	First name:	Suri	name:	
Address:				
Postcode:		elephone no:		
Email:				
Email:				
Signature:			Date:	
orginatare.				M/YYY
				, <u> </u>
Employer's r	iame:			
Employer's a	address.			
Lilipioyei s e	iduress.			
Postcode:		Employer's telephon	e no:	
Pavroll depa	rtment email:			
Payroll depa	rtment email:			
	rtment email: al Insurance no:		Your payroll/emplovee/st	raff no:
			Your payroll/employee/st	aff no:
Your Nation	al Insurance no:	esearch and the service		
Your National To receive mocan support p	al Insurance no: ore information about repeople with arthritis, ple	ease tick how you'd like	es we offer, news, campaignire to hear from us.	
Your National To receive moders of the support possessing the support possessing the support to	al Insurance no: ore information about re	ease tick how you'd like ct you by email	es we offer, news, campaignire to hear from us.	



Please fill in this form and post to:

Versus Arthritis, Copeman House, St Mary's Court, St Mary's Gate, Chesterfield S41 7TD. You can also donate on **0300 790 0444** or visit **versusarthritis.org/donate** or email

or visit versusarthritis.org/donate or email supportercare@versusarthritis.org

