

PAYROLL GIVING

APPLICATION FORM

(Office use only)

1. I wish to make a regular monthly donation of:

£5

£10

£15

Other £

Please enter the other amount

I understand that this will have to be deducted from my pay by my employer.

2. Title: First name: Surname:

Address:

Postcode:

Telephone no:

Email:

Signature:

Date:

3. Employer's name:

Employer's address:

Postcode:

Employer's telephone no:

Payroll department email:

Your National Insurance no:

Your payroll/employee/staff no:

4. To receive more information about research and the services we offer, news, campaigning, volunteering and how you can support people with arthritis, please tick how you'd like to hear from us.

Please tick to confirm we may contact you by **email** **SMS** **phone**

Please tick if you **do not** wish to be contacted by **post**

If you're already receiving information and don't tick a box we'll continue to contact you according to the preferences you've already given. You can change your preferences or opt out at any time by contacting us on 0300 790 0400.

For more information on how we protect and use your personal information, please see our privacy notice here:

versusarthritis.org/statements/privacy-notice

VERSUS ARTHRITIS

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 supportercare@versusarthritis.org

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