



Bolton Hospice
caring from the heart

PAYROLL GIVING FORM

1 Please print out this form, fill it in and return to:
Fundraising, Bolton Hospice, Queens Park Street, Bolton BL1 4QT

2 NAME: MS/MISS/MRS/MR _____
HOME ADDRESS: _____
_____ POSTCODE: _____
HOME TELEPHONE NUMBER: _____
HOME EMAIL: _____
COMPANY NAME: _____
COMPANY ADDRESS: _____
_____ POSTCODE: _____
WORK TELEPHONE: _____
WORK EMAIL: _____
NATIONAL INSURANCE NUMBER: _____
EMPLOYEE NUMBER: _____

3 PLEASE TICK IF THIS IS IN ADDITION TO AN EXISTING DONATION

4 I WISH TO DONATE

MONTHLY:	£5 <input type="checkbox"/>	£10 <input type="checkbox"/>	£15 <input type="checkbox"/>	OTHER £ <input type="text"/>
WEEKLY:	£1.50 <input type="checkbox"/>	£2.50 <input type="checkbox"/>	£4 <input type="checkbox"/>	OTHER £ <input type="text"/>
4-WEEKLY:	£5 <input type="checkbox"/>	£10 <input type="checkbox"/>	£15 <input type="checkbox"/>	OTHER £ <input type="text"/>

SIGNED _____ DATE _____

Thank you for your support

I understand that Bolton Hospice will hold and use data provided by me for administration purposes, to keep me informed of it's activities and for occasional fundraising appeals. If you prefer us not to contact you in the future please tick this box.