



Achisomoch Aid Company

PAYROLL GIVING

EMPLOYEE APPLICATION FORM

Please complete and give to your payroll department.

Mr.	Mrs.	Miss.	Full Name
Address			
Postcode			
Employer			
Address			
Postcode			
Employee / Staff No		NI No	
I would like to make a donation to Achisomoch Aid Co.			
Amount each month £		Start Date	
THIS AMOUNT WILL BE DEDUCTED FROM MY GROSS PAY.			
<input type="checkbox"/> I confirm that my pre-tax gift to AAC through my employer's Payroll Giving Scheme will not be included in the Gift Aid Scheme.			