



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			
I would like to make a donation to Achisomoch Aid Co.			
Amount each month £		Start Date	
<b>THIS AMOUNT WILL BE DEDUCTED FROM MY GROSS PAY.</b>			
<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.			