



Life Education Centres  
*helping children make healthy choices*

Registered Charity Number 800727

## PAYROLL GIVING FORM

Title ..... [Mr, Mrs, Ms, Other]

Last Name .....

First Name .....

Address .....

.....

.....

Postcode .....

Telephone .....

Email .....

Your Employers Name.....

Employee/Staff Number (on your payslip).....

National Insurance NO.....

Workplace Address.....

.....

.....

Postcode .....

I would like to give, tax free,  
 to **Life Education Centres**  
 through my pay:

£40     £30     £25

£20     £15     £10

Other £ .....

Monthly     Weekly

Please tick if this form is:

A first time payroll  
 donation request

Replacement to existing  
 payroll instruction

### Declaration

Please deduct a total of £..... from my gross pay each pay day as a gift to Life Education Centres. I confirm my understanding that no further tax is recoverable on this gift and that no gift can be made as a membership subscription or pay for any goods or services supplied.

Signature.....

Date.....

