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**Winchester Hospice – Payroll Giving Mandate**

Surname Title

Forenames

Home address

Post Code

Work telephone number Email address

Your National Insurance number

Employee staff number

I want to make a regular tax-free donation to the charities named below out of my pay every month. I pay more income tax than the total amount of my donations.

|  |  |
| --- | --- |
| **Name and address of the charity you wish to support**  | **I want to give** |
| Hampshire Hospitals CharityFund 4656 – Winchester HospiceAldermaston RoadBasingstoke HampshireRG24 9NA**In aid of Winchester Hospice** | £ ..... every month |

**Signed**   **Date**

When you have completed this form, please send to your Payroll Benefits Manager