



## Payroll Giving Form

Title: .....

First Name: .....

Surname: .....

Home Address: .....

.....

.....

Postcode:.....

Daytime Telephone No.:.....

**I would like to give tax free from my salary to COSMIC (Children of St Mary's Intensive Care). Registered Charity No. 1043697.**

£5.00 per month (at a cost to me of £3.90\*)

£10.00 per month (at a cost to me of £7.80\*)

£20.00 per month (at a cost to me of £15.60\*)

£50.00 per month (at a cost to me of £39.00\*)

Other amount, per month, please state £.....

\* based on 22% tax rate