



Payroll Giving Declaration Form

Employer Information

Employers Name:.....

Employers Address:.....

.....

.....

Postcode:.....

Employee No.:.....

(We are unable to process your donation without this. You will find the number on your pay slip)

National Insurance No.:.....

Declaration (this must be completed and signed)

Please deduct £..... From my gross pay each month/week (delete as appropriate) as a gift to COSMIC. I understand that no further tax is recoverable on this gift and that it may not be used as payment for goods or services received.

Signature:.....

Date:

Please return the completed form to:
COSMIC (Children of St Mary's Intensive Care)
3rd Floor A&E Building
St Mary's Hospital
South Wharf Road
London W2 1BL