

Payroll Giving Form

Please complete and give to your payroll office/employer

I would like to make a donation to Insight Endometriosis each pay to the amount of:

\$ _____ to commence on _____
(specify amount) (insert start date)

Your Details:

Title _____ First Name _____ Last Name _____

Employee Number: _____ Job Title _____

Home Address _____

City/Town _____ Postcode _____

Our Details:

| | |
|--------------------------|---|
| Donee organisation | Endometriosis Waikato (Trading As Insight Endometriosis) (Registered with IRD as a Donee organisation) * |
| Charity Registration No. | CC10906 |
| Bank | ASB |
| Branch | Hamilton |
| Account Number | 123122-0315610-00 |
| Postal Address | 28 Te Aroha Street, Hamilton 3216 |
| Telephone | 07 8555 123 or 022 5 855 123 |
| Website | www.InsightEndometriosis.org.nz |
| Facebook community | www.Facebook.com/InsightEndometriosis |

This is a new request

This request replaces my previous request for the same charity

Signed _____ **Dated** _____

Please tick this box if you want your employer to pass on contact details so the Trust can contact you with further information.

** As a registered Donee Organisation, donations of \$5 or more qualify for tax credits.*