

NICT Payroll Giving Form



Please complete this form and return it to your Human Resources/Accounts Department.

Title: _____ First Name: _____ Surname: _____

Address: _____

Postcode: _____

Contact phone number: _____

Email: _____

National Insurance Number:

Employee Number:

Name and full postal address of your employer:

Company Name: _____

Address: _____

Postcode: _____

I would like to support NICT with a regular gift of £

Payment frequency: Weekly Monthly 4-weekly

Your donation will support six causes, to protect children from abuse, people living with sight loss, empowering older people, supporting people with chest, heart and stroke conditions and being there for children and adults with cancer.

Your details are safe with us. To find out how NICT processes your information, please visit www.nicharitiestogether.org.uk

You can easily tell us about changes to your name, home address or email address by contacting your Accounts Department or email us at payrollgiving@nicharitiestogether.org.uk

Signature: _____

Date: _____

Northern Ireland Charities Together, 40-44 Eglantine Avenue, Belfast, BT9 6DX
payrollgiving@nicharitiestogether.org.uk

