PAYROLL GIVING FORM

Please complete and return one copy to your employers' payroll department and one copy to us at the bottom of this form. BOSP takes your privacy seriously and will only use the personal information you provide to process your giving, and to contact you about any services and information you have requested.



I wish to make a tax-free donation from my pay to BOSP (please tick)					
□£20 □£10				(please state)	
Monthly		U Weekly			

Employers Details

Employer's Name:	
Employer's Address:	Postcode:
Telephone Number:	

Personal Contact Details

First Name:	Surname:
Address:	Postcode:
Telephone Number:	
Email address:	

Employee payroll Number_

(This can be found on your payslip or your employer can provide you with this)

National Insurance Number_____

We would like to send you our quarterly newsletter so that we can keep you up-to-date about how your support makes a difference, as well as ways you can get involved and help support and fund our work. Please tick this box to confirm that you consent to BOSP sending you our newsletter via email. You can withdraw or change your consent at any time by contacting The BOSP Office.

For further information about how we use and store your personal data, our privacy notice is available at <u>www.bosp.co.uk</u> or from The BOSP Office.

Signature_

Date_____

FR Registered with FUNDRAISING REGULATOR

Thank you for supporting BOSP

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