



Hospice Waikato's Payroll Giving Form

- **Does your employer support workplace giving?**
Yes € No € (please tick)

- **If yes, is Hospice Waikato already one of their supported charities?**
Yes € No € (please tick)
 - If yes, please complete this form and give it to your employer.
 - If no, complete this form and send it back to us and we will contact your employer.

- **If no, does your employer file its employer monthly schedule (for PAYE) electronically?**
Yes € No € Don't know € (please tick)
 - If yes or don't know, complete this form and send it back to us and we will contact your employer.
 - If no, you can't use payroll giving to make donations - please contact us about other ways you can support us.

Please complete this form and send the original to your Payroll Department or to Hospice Waikato as indicated above.

Hospice Waikato, PO Box 325, Waikato Mail Centre, Hamilton 3240

Your details

(please complete in block capitals. Details marked * must be completed for your application to be processed.)

Title: _____ *First Name: _____ *Last Name: _____

Job title/department: _____

Work email: _____

Daytime telephone (in the event of a query): _____

Home physical address: _____

_____ Post code: _____

Home Email: _____

Employee number/identifier (you may find this on your payslip): _____

*IRD number: _____

As a payroll giver, you will receive our newsletter, and other appropriate news. If you don't want to receive any correspondence, please tick here €

Employer's Information

(Please complete in block capitals. Details marked * must be completed for your application to be processed.)

Hospice Waikato provides a variety of specialised care services for people who are dying – supporting them, their families and carers through illness, death and bereavement.

Registered charity number: CC20547

Hospice Waikato, PO Box 325, Waikato Mail Centre, Hamilton 3240

Tel: 07 859 1260 Fax: 07 859 1266

Email: accountant@hospicewaikato.org.nz Website: www.hospicewaikato.org.nz

*Employer's name: _____

Postal address: _____

_____ Post code: _____

Contact Name in Payroll Department: _____

Contact Email of Payroll Department: _____

Contact Telephone of Payroll Department: _____

Does your employer match donations for employees?

Yes € No € Don't know € (please tick)

Your donation

€ Yes, I would like to make a donation to Hospice Waikato every time I get paid.

This is the amount I would like to give, and I authorise my employer to deduct this amount each pay period until further notice:

€\$5 €\$10 €\$20 €\$30 €Other \$_____ (please specify)

Signature: _____ Date: _____

Thank you very much for supporting Hospice Waikato

