



Payroll Giving

YES, I would like to support the Oral Health Foundation through Payroll Giving.

1. I wish to donate to the Oral Health Foundation (tax free and through my pay)

Amount £ _____

2. Weekly Monthly Annually

3. Title: _____ First Name: _____ Surname: _____

Home Address: _____

_____ Postcode: _____

Home Telephone: _____ Home Email: _____

Company Name: _____

Company Address: _____

_____ Company Postcode: _____

Work Telephone: _____ Work Email: _____

National Insurance Number: _____

We may use your information to contact you in the future (including by telephone) about Oral Health Foundation activities including fundraising. If you would rather not receive these communications, please let us know.

If you are happy to be contacted electronically via your mobile, please tick here

If you are happy for us to contact you by email, please tick here

Please take this form to your payroll department.

Thank you for your support!