

Payroll Giving Request Form

Your employer must offer the Payroll Giving facility to enable you to make donations through your pay. Please complete and give to your employer.

To: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Employer)

From: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Your Name)

Payroll Number/Reference: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Under the Payroll Giving Scheme please deduct:

$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **OR** \_\_\_\_\_\_\_\_\_\_\_\_ %

per pay from my net wages/salary and forward it as a donation to **I Have a Dream Charitable Trust New Zealand** - (Charities Commission #: CC24136)

|  |  |
| --- | --- |
| **Donee Organisation:**  **Bank Account Details:** | **I Have a Dream Charitable Trust New Zealand**  **15 3978 0017397 00** |

Enter the following information to appear on the payee’s bank statement

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Particulars - Your Name |  |  |  |  |  |  |  |  |  |  |  |  |
| Code - Your phone number (include area code) |  |  |  |  |  |  |  |  |  |  |  |  |
| Reference | P | A | Y | R | O | L | L |  | G | I | V | E |

Tick one of the following:

🞎 This is a new request

🞎 This replaces my previous request for I Have a Dream Charitable Trust

Date to Commence\_\_\_\_\_\_\_\_\_\_\_\_

🞎 Continue until further request **OR** Date to Finish\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (if applicable)

Signed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_

To contact **I Have a Dream Charitable Trust New Zealand**, or for further information:

[www.ihaveadream.org.nz](http://www.ihaveadream.org.nz) I [info@ihaveadream.org.nz](mailto:info@ihaveadream.org.nz) I P.O Box 314, Whangarei 0140