Payroll Giving Form

I would like to make a regular gift, direct from my pay each month, to support PTSD Resolution.												
£10		£25		£50		£100		£250		Other £		
Your	deta	ils:										
		Title:				Name:						
	Ac	ldress:										
		Town						County:				
	Post	code:										
	Telep	hone:						Mobile:				
	E	Email:										
Natio	nal Insu	rance N	umber:									
		Staff Nu										
Your	Emp	loyer's	deta	ils:								
Name,	/Organis	ation:										
	Ado	lress:										
	Т	own:						County:				
	Post	code:						Number:				
Signat	ture:									Date:		
Please	give this	complete	d form to	your pa	yroll dep	artment a	nd the	y will send i	t to the	relevant Payro	oll Giving Agen	cy for you.

We will use this information to process your donations, and (where you've agreed) to keep you up to date with the charity's activities. For further details of how PTSD Resolution processes personal date, please read the charity's full Privacy Policy which

can be found at $\underline{www.ptsdresolution.org/pdf/Privacy\%20Policy.pdf}$

For more information, or to sign up to our mailing list, Please contact: 0300 3020551 or contact@ptsdresolution.org

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