

## Give As You Earn Pledge Form



Please complete this form in **BLOCK CAPITALS**

Full name (*Mr/Mr/Miss/Ms*) .....

Home Address .....

..... Postcode .....

Home Telephone .....

Home Email .....

Company Name .....

Company Address .....

.....

..... Postcode .....

Work Telephone .....

Work Email .....

National Insurance Number .....

Employee Number .....

**Please deduct a total of**

£5       £10       £15       Other £ .....

from my gross pay each payday as a gift to CMT United Kingdom, registered charity 1112370.

Paid Weekly       Paid Monthly       Paid 4 Weekly

This donation is: new / in addition to / supersedes my earlier instruction of £ ..... to .....  
(*please delete as appropriate*)

**DECLARATION:** I confirm that my total gifts to charity through payroll giving will not exceed the statutory limit in a tax year.

Signed ..... Date .....

**PLEASE SEND THIS COMPLETED FORM TO THE ADDRESS BELOW**

**Working to support people affected by Charcot-Marie-Tooth Disease, also known as Hereditary Motor and Sensory Neuropathy**

CMT United Kingdom, 98 Broadway, Southbourne, Bournemouth BH6 4EH  
Freephone: 0800 6526316 Office: 01202 432048 Email: [info@cmtuk.org.uk](mailto:info@cmtuk.org.uk) Web: [www.cmt.org.uk](http://www.cmt.org.uk)

Registered charity number 1112370 Company number 0557485