

PAYROLL GIVING

Please give this form to your employer if you would like to start supporting the **National Foundation for the Deaf (NFD)** through Payroll Giving.

Dear.....(Employer's name)

I want to help the NFD support people with hearing impairment and spread awareness of deafness prevention.

Can you please start an automatic payroll giving donation of(Amount), starting on(Date).

I would like this donation to be made on abasis
(How often? Weekly, fortnightly, monthly).

The payment needs to be sent to:

NFD

ASB Bank

Account number:

12 3011 0519936 00



Please make sure you name the payment as a payroll giving donation, so that I can receive my 33% tax credit straight away.

Thank you for your help in organizing my payroll giving.

Yours sincerely

.....
(Name and contact details)

DONATION

Yes, I would like to support the National Foundation for the Deaf

I wish to make a donation of \$.....

I enclose cash/cheque payable to The National Foundation for the Deaf

OR debit my credit card Visa Mastercard

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Expiry date: /.....

Card holders name:

Signature:

Please register me on your database to receive your bi-annual Vibrations Newsletter

I would like to create an automatic payment. Please contact me.

My details:

Title: First name: Surname:

Organisation (if gift is from an organization):

Address:

Suburb: City/region:

Post Code:

Phone: Email:

Please send to: The National Foundation for the Deaf, PO Box 37729, Parnell, Auckland 1151