	HE LIFEBOAT FUND lelping the RNLI save lives at sea			Life	boats
PAYR	OLL (JVI	NG		
Please complete this form ir This form is a (please tick as First time request *If a replacement, the existing record will b	appropriate):		Replac	ement request*	
	me (in full)				
From time to time, we'd like to send you ι	pdates about our work. If you would prefer	NOT to receive this informati	on by post, please tick th	Postcode	
Telephone no: Home (inc area code)	· · · · ·	If you Email	are happy to receive SM	S from The Lifeboat Fund, pleas s from The Lifeboat Fund, pleas	e tick this box
Employer's name					
Workplace address					
National Insurance no.**		nally found on your payslip.		Postcode	
DOB (DD/MM/YY)		Please sel	ect your tax band	: 20% 40%	50%
	rganisations for marketing purposes. Your d stoms registered Agency, with whom your e				n, your details will
Your pledge:	You donate	£6.00	£10.00	£25.00	
Cost to	you as a 20% tax payer	£4.80	£8.00	£20.00	
	you as a 40% tax payer	£3.60	£6.00	£15.00	
Cost to	you as a 50% tax payer	£3.00	£5.00	£12.50	
I wish to donate tax free from	my pay (please tick):				
£6	£10	£25 or £		_	
Frequency: Per montl to The Lifeboat Fund.	n Per week	4 weekly	Annual		
Declaration and signature:					
	[†] from my gross pay as a gift				
	y gifts to organisations with charit ay for goods or services supplied.				
on this gift. I understand that on	y gifts to organisations with charit				

House, Broomhouse Drive, Edinburgh, EH11 3XD

THANK YOU

