AVON & SOMERSET CONSTABULARY BENEVOLENT FUND APPLICATION FORM

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| **Family Name** |  |
| **Forenames** |  |
| **Staff Number** |  |
| **National Insurance Number** |  |
| **Payroll or Pension Reference Number** |  |
| **Station *I* Department** |  |
| **Home Address (including postcode)** |  |
| **Contact telephone number** |  |

I wish to make a monthly voluntary donation to the Avon and Somerset Constabulary Benevolent Fund ("the Charity"): Registered Charity Number 1085497.

I understand that the present rate of voluntary donation requested for Avon and Somerset Police Officers, members of Police Staff or Pensioners to the charity is £2.50 (gross) per month, but this will change should the basic rate of income tax change from 20%.

I further understand that the Charity Trustees may amend the voluntary donation rate from time to time according to the needs of the Charity, but that at least 30 days’ notice of any such amendment will be notified by the Charity through publication in Force General Orders. I confirm that I do not require to be personally notified of any amendment to the contribution rate.

I hereby give authority for my donations to the Charity to be deducted from my gross salary or gross pension and passed to the Charity under the Give as You Earn payroll giving scheme operated by the Charities Aid Foundation. I confirm that my donations to charity through payroll giving will not be used in payment of a covenanted agreement. I understand that only gifts to organisations with charitable status within the UK can be accepted and that no gift can be made as a membership subscription or to pay for goods or services supplied.

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

**Once completed please send the signed form to the Fund Administrator at** [**ASCBenFund@polfed.org**](mailto:ASCBenFund@polfed.org) **or by the internal post to 1, St David's Court, Windmill Road, Clevedon, BS21 6UP.**

**For Administration Use Only**

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| Date Received |  |
| Date Actioned |  |