PAYROLL GIVING CONSENT FORM

Thank you for choosing to support SOS Children's Villages Eswatini through Payroll Giving. Your contribution will help protect vulnerable children, strengthen families, and build caring communities across Eswatini.

Employee Details

Full Name: _____

Employee Number: _____

National ID Number: _____

Employer: _____

Department: _____

Mobile Number: _____

Email Address: _____

Payroll Giving Authorization

I hereby voluntarily authorize my employer to deduct the amount specified below from my salary and remit it to SOS Children's Villages Eswatini as a charitable contribution.

Monthly Contribution Amount (E): _____

Effective Date: _____

Preferred Product

☐ Mine Ngilihawu Lemntfwana We Liswati

☐ Lusito Lwemndeni Lwakhiwa Ndzawonye

☐ Insika Yemmango

☐ Sita-Ngalonako

☐ Area of Greatest Need

Employee Declaration

I understand and agree that:

- My participation in the Payroll Giving Programme is voluntary.
- The authorized contribution will be deducted monthly from my salary until amended or cancelled in writing.
- My contribution will be used to support approved programmes and interventions of SOS Children's Villages Eswatini.
- Sponsorship and donations do not create ownership of, or direct access to, any child, family, or community supported by SOS Children's Villages Eswatini.
- SOS Children's Villages Eswatini may communicate with me regarding my contribution, impact updates, stewardship activities, and other fundraising initiatives.
- My personal information will be used solely for payroll giving administration and donor relationship management and will be handled in accordance with applicable data protection requirements.

Amendment or Cancellation

I understand that I may amend or cancel this authorization by providing written notice to my employer and SOS Children's Villages Eswatini at least thirty (30) days before the intended effective date of the change.

Consent

I hereby authorize the deduction of the amount stated above from my salary and its remittance to SOS Children's Villages Eswatini.

Employee Name: _____

Signature: _____

Date: _____

Employer Authorization

The employer confirms receipt of this authorization and agrees to facilitate payroll deductions in accordance with established payroll procedures.

Authorized Representative: _____

Position: _____

Signature: _____

Date: _____

Company Stamp: _____

SOS Children's Villages Eswatini Use Only

Received By: _____

Date Received: _____

Donor Number: _____

Recorded By: _____

Effective Deduction Date: _____

Thank You

"Emaswati Building a Nation Where Every Child Belongs."

Your contribution helps ensure that vulnerable children grow up with the care, protection, and support they need to thrive.