

GIVING TO MEDICAL RESEARCH SCOTLAND



I wish to make a donation to Medical Research Scotland

(Please indicate your donation by ticking the relevant box, or writing the amount below the boxes.)

£1,000 £500 £250 £100 £50 £25

Other amount (in words)

I wish my donation to be used for research into (please delete those NOT applicable):

General medical research Arthritis Cancer Cardiac & vascular diseases Diabetes Kidney diseases Neurological diseases

Other (please specify)

Gift Aid Declaration – for past, present & future donations



Please treat as **Gift Aid** donations all qualifying gifts of money made (Please tick all the boxes you wish to apply):

Today In the past four years In the future

I confirm I have paid or will pay an amount of Income Tax and/or Capital Gains Tax for each tax year (6 April to 5 April) that is at least equal to the amount of tax that all the charities or Community Amateur Sports Clubs that I donate to will reclaim on my gifts for that tax year. I understand that other taxes such as VAT and Council Tax do not qualify. I understand that Medical Research Scotland will reclaim 28p of tax on every £1 that I gave up to 5 April 2008 and will reclaim 25p of tax on every £1 that I give on or after 6 April 2008.

Donor's details (Please use capital letters)

Title First name or initial(s) Surname

Full home address

.....

..... Postcode

Date Signature

Please notify Medical Research Scotland if you: wish to cancel the declaration or change your name or home address or no longer pay sufficient income/capital gains tax.

Method of payment (please tick appropriate box)

1. Cash/Cheque (payable to Medical Research Scotland) enclosed

2. I wish to make an electronic transfer to Medical Research Scotland's bank account.

Bank: Bank of Scotland, Turcan Connell Branch, New Uberior House, 11 Earl Grey Street, Edinburgh EH3 9BN. **Sort Code:** 80-26-02 **Account No.** 00280386

3. I would prefer to give online: www.medicalresearchscotland.org.uk/donate.htm

4. I wish to make regular donations and have completed the Banker's Order form (overleaf)

Data Protection: We may wish to contact you from time to time about Medical Research Scotland and those of its activities which may be of interest to you. Please indicate whether you wish to receive this information, by ticking the relevant box.

Yes, I wish to learn more about Medical Research Scotland.

No, please do not send me any further information.

It is our practice to acknowledge all donations on our website and in our *Annual Review*. Please tick this box if you would prefer your support to be acknowledged anonymously.

When you have completed this, and (if applicable) the Banker's Order form overleaf, please send it to:

Medical Research Scotland, Princes Exchange, 1 Earl Grey Street, Edinburgh EH3 9EE.

THANK YOU FOR SUPPORTING MEDICAL RESEARCH SCOTLAND

Medical Research Scotland is the operational name of the Scottish Hospital Endowments Research Trust (SHERT)
Scottish Charity No. SC014959

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BANKER'S ORDER FORM

(Please complete in CAPITAL LETTERS)

To: The Manager.....(name of your bank)

At :.....(address of your bank)

.....

..... Postcode.....

Please pay Medical Research Scotland, Bank of Scotland, Turcan Connell Branch, New Uberior House, 11 Earl Grey Street, Edinburgh EH3 9BN.

Sort Code 80-26-02 for the credit of account no. 00280386

the sum of(amount in words)

£..... (amount in figures)

Monthly/Quarterly/Annually (**delete** and INITIAL as **not** applicable)

starting on the

..... 20.....

(date when payments start – must be on or after the date of signature)

SIGNED:

Account from which payments to be made:

Bank Sort Code:-....-....

Account No:

Account Name:

Your Name:

Your Address:

..... Postcode.....

When you have completed this form please send it, together with your donation form (*overleaf*), to
Medical Research Scotland, Princes Exchange, 1 Earl Grey Street, Edinburgh EH3 9EE

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