



Donation Form / Gift Aid declaration

Your Details:

Please make sure you fill in all your details below.

Title: First Name:

Surname: Address:

Postcode: Phone Number:

Donation Details

Amount of Donation £..... Date of Donation.....

My donation is to be used for:

- (a) General purposes of Lothian Health Board Endowment Fund at the discretion of the Trustees
or
(b) without imposing any trust, I desire the Trustees use such sum for

Enter name of fund / ward / hospital
(please delete (a) or (b) as necessary)

Gift Aid Declaration (please tick)

Boost your donation by 25p of Gift Aid for every £1 you donate

Gift Aid is reclaimed by the charity from the tax you pay for the current tax year. Your address is needed to identify you as a current UK taxpayer.

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- I want to Gift Aid my donation of £..... and any donations I make in the future or have made in the past 4 years to Edinburgh and Lothians Health Foundation
No, I am not a UK tax payer

I am a UK taxpayer and understand that if I pay less Income Tax and / or Capital Gains Tax than the amount of Gift Aid claimed on all my donations in that tax year it is my responsibility to pay any difference.

Signed: Date:

The Small Print

Please notify us if you:

- want to cancel this declaration
change your name or home address
no longer pay sufficient tax on your income and / or capital gains

If you pay Income Tax at the higher or additional rate and want to receive the additional tax relief due to you, you must include all your Gift Aid donations on your Self-Assessment tax return or ask HM Revenue and Customs to adjust your tax code.