

Please complete:

- i) **Part A or Part B;**
- ii) **Part C if applicable; and**
- iii) **Part D and Part E**

A. I WISH TO MAKE A SINGLE 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 £.....

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

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

Other (please specify)

Method of payment *(please tick, confirming enclosed)*

Cash/Cheque (payable to Medical Research Scotland), enclosed

B. I WISH TO MAKE A REGULAR DONATION TO MEDICAL RESEARCH SCOTLAND

(Please indicate the value of your donation and delete as appropriate)

£..... **per month/year**

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

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

Other (please specify)

Please send this completed form to Medical Research Scotland, Princes Exchange, 1 Earl Grey Street, Edinburgh EH3 9EE, including your postal address, and we shall send you a standing order mandate form for completion.

C. 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.

Continued overleaf

GIVING TO MEDICAL RESEARCH SCOTLAND



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.

D. 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.

1) **Yes**, I wish to learn more about Medical Research Scotland

i) By email, to the following email address

.....

or

ii) By postal mail. Please provide mailing address if different to that entered at Part C

Title First name or initial(s)

Surname

Full home address.....

.....

..... Postcode

2) **No**, please do not send me any further information.

E. Acknowledgement

It is our practice to acknowledge all donations on our website.

Please indicate the name you wish to be acknowledged on the website.....

Please tick this box if you would prefer your support to be acknowledged anonymously.

**When you have completed this form, please send it to:
Medical Research Scotland, Princes Exchange, 1 Earl Grey Street, Edinburgh EH3 9EE.**

THANKYOUFORSUPPORTINGMEDICALRESEARCHSCOTLAND

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