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Chairman : Tom Steele

Chief Executive : Michael Dickson OBE

Email : sas.endowments@nhs.scot Charity Number : SCO27131

## **Donation Form / Gift Aid Declaration**

Your details: Please enter your details b	pelow:
Title: First Name	e: Surname:
Address:	
Postcode:	Phone Number:
<b>Donation details:</b> Amount of donation:	Date of donation:
My donation is to be used	for (please circle 1 or 2 as necessary):
Or	of the <b>Scottish Ambulance Service Endowment Fund</b> at the discretion of the Trustees any trust, I wish the Trustees use the donation for the following station/area/service
Gift Aid Declaration:	Enter the name of the station/area/service
I want to Gift aid n	ny donation of £ and any donations I make in the future or cast 4 years to the <b>Scottish Ambulance Service Endowment Fund</b> taxpayer
Please tick the approp	priate box
	t of income tax and/or capital gains tax in each tax year at least equal to the tax n from HM Revenue & Customs on your Gift Aid Donation.
Signed:	Date:

## Please notify the charity if you:

- 1. Want to cancel this declaration
- 2. Change your name or home address
- 3. No longer pay sufficient tax on your income and/or capital gains

## Tax Claimed by the Charity

The Charity will reclaim 25p of tax on every £1 you give.

If you pay income tax at a higher rate, you must include all your Gift Aid donations on your Self Assessment tax return if you want to receive the additional tax relief due to you.

