

National Headquarters Gyle Square 1 South Gyle Crescent Edinburgh EH12 9ĔB



Chairman : Tom Steele

Chief Executive : Pauline Howie

Telephone 0131 314 0021 Email

sas.endowments@nhs.scot

Charity Number : SCO27131

Donation Form / Gift Aid Declaration

Your details Please enter	s: r your details below:	
Title:	First Name:	Surname:
Address:		
Postcode: _		Phone Number:
Donation de Amount of d		Date of donation:
My donation	is to be used for (please cir	cle 1 or 2 as necessary):
Or		sh Ambulance Service Endowment Fund at the discretion of the Trustees
Z. VVIII	lout imposing any trust, i wis	sh the Trustees use the donation for the following station/area/service
		Enter the name of the station/area/service
Gift Aid Ded Please treat		
I wa	nt to Gift aid my donation of e made in the past 4 years to	£ and any donations I make in the future or the Scottish Ambulance Service Endowment Fund
No,	I am not a UK taxpayer	
Please	tick the appropriate box	
You must p that the cha	ay an amount of income to arity will claim from HM Re	ax and/or capital gains tax in each tax year at least equal to the tax evenue & 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.

