DOWNLOADABLE DONATION FORM

NHS Highland Charity | Carthannas NHS na Gàidhealtachd

SECTION 1: DONATION INFORMATION

Title: Mr/Mrs/Ms/Dr/Other:
First name:
Surname:
Address:
Postcode:
Email:
Contact number:

If you would like your donation to be treated as anonymous, please tick here ☐

Thank you for your generous donation of

£

given as ☐ cash ☐ cheque on ☐☐ / ☐☐ / ☐☐

Is this donation the result of any fundraising?
If yes, please give further details of the activity below:

Is the donation being made in memory of a loved one?
If yes, please share the name of the person the gift is in memory of and your relationship to them:

If you would like to express a donation wish please provide details below or leave blank to allow NHS colleagues to direct it to the area of greatest need.
Without imposing any trust, it is my wish that my donation should be used to:

SECTION 2: GIFT AID

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Gift Aid is a simple way to increase the value of your gift to us at no extra cost to you. If you pay tax in the UK, we can claim back 25p for every £1 you donate. So, if you donate £10 it's worth £12.50 to us.

Are you a UK tax payer? ☐ Yes ☐ No
Is this a personal gift?* ☐ Yes ☐ No
*i.e., not given as a result of a collection/fundraising event?

If you have said yes to both the questions above and you have provided your address and Section 1, your donation may be eligible for Gift Aid.
Would you like to Gift Aid this and any future donations, or any made in the past four years, to NHS Highland Charity?
☐ Yes ☐ No

By ticking yes, I confirm that I am a UK taxpayer and understand that if I pay less income tax and/or capital gains tax than the amount of any Gift Aid claimed on all my donations in that tax year, it is my responsibility to pay any difference.

Donor signature:
Date:

The signed form should now be sent to the charity at the address on the right.

Please let us know if you wish to cancel this declaration or if you change your name/address or no longer pay sufficient tax on your income and/or capital gains tax.

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 HMRC to adjust your tax code.

SECTION 3: KEEPING IN TOUCH

We would love to keep you up to date on the impact of your support and with news of other ways you can get involved, in line with our Privacy Notice which can be found on our website.
By opting in to hear from us below you are confirming that you are over 18 years old.
I would like to hear from the charity by:
E-mail: ☐ Yes ☐ No
Telephone: ☐ Yes ☐ No

Donor signature:
Date:

SECTION 4: FOR OFFICE USE ONLY

To be completed by the person accepting the donation on behalf of the Charity. Please write clearly.

Name:
Job Title:
Location:

It is important that all correspondence in relation to this donation is attached to this donation form, including a copy of the donor letter and thank you letter.

Has a thank you letter been issued? ☐ Yes ☐ No

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Email: nhsh.charity@nhs.scot
Website: www.nhshighland.scot.nhs.uk/charity

NHS Highland Charity is the working name of Highland Health Board Endowment Funds and is a registered Scottish charity, SC016791.