

GIVING TO MEDICAL RESEARCH SCOTLAND



I wish to make a donation to Medical Research Scotland
(Please indicate your donation by ticking the relevant box, or writing the amount.)

£1,000 £500 £250 £100 £50 £25

Other amount (in words)

Your Name

Address

.....

..... **Postcode**

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

General medical research | Arthritis | Cancer | Cardiac & vascular diseases | Diabetes | Kidney diseases | Neurological diseases | Other (please specify)

Method of payment (please tick appropriate box)

- 1. Cash/Cheque (payable to Medical Research Scotland) enclosed
- 2. I wish to make an electronic transfer to Medical Research Scotland's bank account
Bank: Bank of Scotland, Turcan Connell Branch, New Uberior House, 11 Earl Grey Street, Edinburgh EH3 9BN.
- Sort Code:** 80-26-02 **Account No.** 00280386
- 3. I would prefer to give online via: www.medicalresearchscotland.org.uk/donate.htm
- 4. I wish to make regular donations and have completed the Banker's Order form (overleaf)



If you are a UK taxpayer and choose to Gift Aid your donation, you will allow Medical Research Scotland to claim (currently) 28p from HMRC for every £1 you give.

I confirm that I am a UK taxpayer and that the amount of Income Tax which I pay is at least equal to the amount of tax which Medical Research Scotland will be able to reclaim.

I confirm that I wish Medical Research Scotland to benefit from Gift Aid for:
(please indicate which **ONE only** of the following applies)

- this donation only
- this and any subsequent donations I make
- all gifts, including those I have made in the past six years

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.

Yes, I wish to learn more about Medical Research Scotland.

No, please do not send me any further information.

It is our practice to acknowledge all donations publicly in our *Annual Report*. Please tick this box if you would prefer your support to remain anonymous.

When you have completed this, and (if applicable) the Banker's Order form overleaf, please send it to:
Medical Research Scotland, Princes Exchange, 1 Earl Grey Street, Edinburgh EH3 9EE.

THANK YOU FOR SUPPORTING MEDICAL RESEARCH SCOTLAND

Medical Research Scotland is the operational name of the Scottish Hospital Endowments Research Trust (SHERT)
Scottish Charity No. SCO14959

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BANKER'S ORDER FORM

(Please complete in CAPITAL LETTERS)

To: The Manager.....(name of your bank)

At :.....(address of your bank)

.....
..... Postcode.....

Please pay Medical Research Scotland, Bank of Scotland, Turcan Connell Branch, New Ueberior House, 11 Earl Grey Street, Edinburgh EH3 9BN.

Sort Code 80-26-02 for the credit of account no. 00280386

the sum of(amount in words)

£..... (amount in figures)

Monthly/Quarterly/Annually (**delete** and INITIAL as **not** applicable)

starting on the

..... 20.....

(date when payments start – must be on or after the date of signature)

SIGNED:

Account from which payments to be made:

.....

Account No:

Account Name:

Your Name:

Your Address:

..... Postcode.....

When you have completed this form please send it, together with your donation form (overleaf), to: Medical Research Scotland, Princes Exchange, 1 Earl Grey Street, Edinburgh EH3 9EE

THANK YOU FOR SUPPORTING MEDICAL RESEARCH SCOTLAND