

# DONATIONS



I wish to make a donation to Medical Research Scotland

*(Please indicate donation by ticking the relevant box, or writing the amount.)*

£1,000     £500     £250     £100     £50     £25

Other amount .....

Name.....

Address.....

.....

..... Postcode.....

**Method of payment** *(please tick as appropriate)*

Cash/Cheque (payable to Medical Research Scotland) enclosed

*I wish to make regular donations and have completed the Banker's Order form.*

**Gift Aid:** I confirm that I am a UK tax payer and wish to Gift Aid my donation.

**Data Protection Act:** 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 donations publicly in our *Annual Report*. Please tick this box if you would prefer your support to remain anonymous.

When you have completed this form 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*

# BANKER'S ORDER FORM

(Please complete in CAPITAL LETTERS)



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

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

.....

..... Postcode.....

Please pay Medical Research Scotland, Bank of Scotland, Turcan Connell Branch, New Uberior 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:.....

NAME of 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, to: Medical Research Scotland, Princes Exchange, 1 Earl Grey Street, Edinburgh EH3 9EE

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