

Endowment Fund Supervisor  
NHS Shetland Endowment Fund  
Finance Department  
Upper Floor Montfield 24 Burgh Road  
Lerwick  
ZE1 0LA

I would like to donate £ .....

**Gift Aid:** YES / No (Please Delete)

Please make cheque payable to NHS Shetland Endowment Fund.

Name

.....

Address

.....

.....

.....

Post Code.....

Date.....

### **Gift Aid Declaration - NHS Shetland Endowment Fund**

**Registered Scottish Charity No: SC011513**

I would like NHS Shetland Endowment Fund to reclaim tax on (delete as appropriate)

- the enclosed donation
- all donations I make from the date of this declaration until I notify you otherwise or have made in the past four years

Signed..... Date.....

I confirm I have paid or will pay an amount of Income and/or Capital Gains Tax for each tax year (6 April to 5 April) that is at least equal to the amount of tax that all charities or Community Amateur Sports Clubs that I donate to will reclaim on my gifts for that tax year. I understand that other taxes such as VAT and Council Tax do not qualify. I understand that the charity will reclaim 25p of tax on every £1 that I give.

Please remember to notify us if:

- you no longer pay sufficient tax on your Income and/or Capital Gains Tax to cover the amount we claim back from HM Revenue & Customs
- you change your name or home address
- you wish to cancel this declaration

**Should you require further information please contact the charity via:**

**Tel: 01595 743060**

**Email: [shet.charityfund@nhs.scot](mailto:shet.charityfund@nhs.scot)**

**Please note that unless specified below all donations are assumed to be a donation to the Shetland Health Board Endowment General fund. However we appreciate that some people wish to give solely to a specific cause or service.**

**Therefore if you want to specify any limitation on use or specifics about use of funds please outline these in the box:**

**Signed..... Date.....**