



TENOVUS SCOTLAND, Supporting Medical Research
234 St. Vincent Street, GLASGOW G2 5RJ Charity Reg. No: SC009675
Tel: 44(0)141 221 6268 Fax: 44 (0)1292 311433 E-Mail:- gen.sec@talk21.com www.tenovus-scotland.org.uk

When completed, please return this form to the above address

A GIFT AID DECLARATION

Title..... Forenames..... Surname.....

Address.....

Town..... Post Code.....

I wish TENOVUS SCOTLAND to treat all donations that I have made since 6th April 2000, and all donations I make from the date of this declaration until I notify you otherwise as GIFT AID DONATIONS. [Please note that you must pay an amount of income and/or capital gains tax at least equal to the tax that TENOVUS SCOTLAND reclaims on your donation in the tax year (currently 28p for each £1 you give)]

DATE..... SIGNED.....

Notes to Gift Aid Declaration

- 1 You can cancel this declaration at any time by notifying the GENERAL SECRETARY, TENOVUS SCOTLAND, in writing.
2 If at any time your circumstances change and you no longer pay tax on your income and capital gains equal to the tax we are reclaiming you can cancel your declaration.
3 If you pay tax at the higher rate you can claim further tax relief in your Self Assessment Tax Return.
4 If you are unsure whether your donations qualify for Gift Aid tax relief, ask us or ask your local tax office for leaflet IRI 13 Gift Aid.
5 Please advise us if you change your name or address.

B DONATION FORM

I enclose a donation of £..... My cheque is enclosed, made payable to 'TENOVUS SCOTLAND'

C BANKER'S ORDER FORM

Banker's Name
Bank Sort Code/...../..... Account No:.....
Banker's Address.....
Town..... Post Code.....

Please pay to the CLYDESDALE BANK PLC 14 Bothwell Street, GLASGOW G2 to the credit of TENOVUS SCOTLAND Account No: 550209 Sort Code 82/48/08 my donation of:-

Amount in Words..... Annually/Monthly on the date.....
of (month)..... and until further notice.

Title..... Forenames..... Surname.....

Address.....

Town..... Post Code.....

Signature..... Date.....