**Donation Form**

Full Name

Address

|  |  |  |
| --- | --- | --- |
| **Donation Amount £** | |  |
| Cash payment | | Cheque |
| Debit Card | | Visa Credit |
| Mastercard | | Switch |
| Name on Card | |  |
| Card Number | |  |
| Valid From | | Expiry Date |
| 3 digit security number | |  |
| **Standing Order form overleaf** | |  |
| * I wish the Trustees of the Charity to direct my donation to where it is most needed or | | |
| * I wish to donate to a specific service area:- | | |
| * I confirm that I am a UK taxpayer and wish Orkney Health board Endowment Fund to reclaim tax on my donation. I also note the requirement to have paid an amount of Income Tax and or Capital Gain Tax at least equal to the tax that the charity reclaims on my donations in the tax year. | | |
| Signature |  | |
| Received by |  | |
| Date |  | |

**Standing Order Form**

To: (insert name and address of your bank)

.....................................................................................................................................................................................................................................................................................................................................................................................................................

Sort Code: ........../........../..........

Account No:...................................................................................................................

Please pay a gift of £.....................................................................................................

**OR**

I wish to donate £ ................................ (please state the amount in words) ­­­­­ ..............................................................................each month to Orkney Health Board Endowment Funds

Please start on ........../........../.......... and each month until further notice.

Signature: ..............................................................................................................

Date: ........../........../..........

The Royal Bank of Scotland plc, 1 Victoria Street, Kirkwall, KW15 1DP

Sort code: 83-24-07 Account: 00 125 080

(Insert details of person setting up standing order below):

Title: ..........................................

Name: ......................................................................................................................

Address: ..................................................................................................................

Post code: .................................. Phone: ..............................................................

Email: .......................................................................................................................

Tick the box to add an extra 25p to every £1 you give at no extra cost (You must pay income tax/capital gains tax at least equal to the amount of tax reclaimed on your donations.)

Please send this form to Orkney Health Board Endowment Funds, The Treasurer, Garden House, New Scapa Road, Kirkwall, KW15 1BQ charity number SCO01691