

Western Isles Health Board Endowment Funds – Donation Form

Western Isles Health Board Endowment Funds
Finance Department
Health Board Offices
37 South Beach
Stornoway
Isle of Lewis
HS1 2BB

Email: cheryl.martin@nhs.scot

I / We (Please Delete) would like to donate £_____ to be used to benefit (Please Specify below):

Gift Aid: YES / NO (Please Delete)

Please make cheques payable to:

Western Isles Health Board Endowment Funds

Or make a bank transfer (please use your name as reference) to:

Bank: Bank of Scotland
Sort Code: 80-09-73
Account No: 01958144
Account Name: WESTERN ISLES HTH BRD END A

Name: _____

Address: _____

Post Code: _____ Date: ____/____/____

Email: _____

Please turn over the page to complete your donation.

**Western Isles Health Board Endowment Funds
Gift Aid Declaration**

Registered Scottish Charity No: SC001015

I would like / not like Western Isles Health Board Endowment Funds to
reclaim tax on the donation made.

Signed: _____

Date: ____/____/____

I am a UK taxpayer and understand if I pay less Income Tax and / or
Capital Gains Tax in the current year than the amount of Gift Aid claimed
on my donation it is my responsibility to pay any difference.