

# DONATIONS FORM



Please use this form to donate money raised from your fundraising efforts.

I would like to give a gift of £ _____	Home address* _____
Name and address* _____	_____
_____	_____
_____	_____ Postcode* _____
_____	Phone no. _____
_____ Postcode _____	Email address _____
Your details	
Title (Mr/Mrs/Miss/Ms/Other* _____	* Fields marked with an asterisk must be
Name* _____	completed.

<b>About your donation</b> (what did you do to reach your target?) _____
_____
_____

We like to share information on what people have done to support the Shetland MRI Scanner Appeal and how much they have raised. We'd love to contact you and tell your story. Please let us know how you prefer to be contacted:
Email <input type="checkbox"/> Phone <input type="checkbox"/> Text <input type="checkbox"/> Post <input type="checkbox"/>
Please return this form with your gift to: <b>Endowment Fund Supervisor, NHS Shetland Endowment Fund, Finance Department, Gilbert Bain Hospital, South Road, Lerwick, Shetland, ZE1 0TB</b>

**Thank you so much for supporting the Shetland MRI Scanner Appeal!**