



GIG  
CYMRU  
NHS  
WALES

Bwrdd Iechyd Prifysgol  
Cwm Taf Morgannwg  
University Health Board

**Cwm Taf Morgannwg NHS Charity – Donation Receipt**

NO RECEIPT VALID UNLESS ON THIS FORM

Date: .....

**PLEASE USE BLOCK CAPITALS**

Received from .....

Ward / Department .....

In respect of .....

£ .....

Cash / Cheque \*                      Signed                      Name

\*Delete as appropriate

**Gift Aid Declaration**

Please treat

The enclosed gift of £..... as a Gift Aid donation;

The enclosed gift of £..... and not to declare Gift Aid;

Please tick appropriate box.

**You must pay an amount of Income Tax and / or Capital Gains Tax for each tax year (6th April one year to 5th April the next) that is at least equal to the amount of tax that Cwm Taf Morgannwg University Health Board will reclaim on your gifts for that tax year.**

Title ..... Forename ..... Surname .....

Home Address .....

.....

.....

..... Post code .....

Signature .....

**Please notify Cwm Taf Morgannwg UHB if you:**

- 1. Want to cancel this declaration.
- 2. Change your name or home address

3. No longer pay sufficient tax on your income and / or capital gains tax.

**Tax claimed by Cwm Taf Morgannwg UHB:**

- CTM UHB will reclaim 25p of tax on every £1 you give on or after 6th April 2008.
- If you pay income tax at the higher rate, you must include all your Gift Aid donations on your Self Assessment tax return if you want to receive the additional tax relief due to you.