GIG CYMRU NHS WALES | Bwrdd Iechyd Prifysgol Cwm Taf Morgannwg University Health Board

Receipt Number:

Gift Aid Declaration

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Name of charity: **Cwm Taf Morgannwg NHS General Charitable Fund**

Please treat as Gift Aid donations:

☐ The enclosed gift of £ _____

Donor's details

Title: _____ Initial(s): _____Surname: _____

Home address: _____

_____

Postcode: _____ Date: _____

Signature: _____

I confirm I have paid or will pay an amount of Income Tax and/or Capital Gains Tax for each tax year (6 April to 5 April) that is at least equal to the amount of tax that all the charities or Community Amateur Sports Clubs (CASCs), that I donate to, will reclaim on my gifts for that tax year. I understand that other taxes such as VAT and Council Tax do not qualify. I understand the charity will reclaim 25p of tax on every £1 that I give.

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.

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.

Cwm Taf Morgannwg NHS General Charitable Fund, C/O Finance Department, Dewi Sant Hospital, Albert Road, Pontypridd, R.C.T. CF37 1LB
Registered Charity number 1049765