

CARDIFF & VALE HEALTH CHARITY

Donations Form

Name of Donor (please print) _____

Address of Donor (please print) _____

Post code _____

Telephone No _____ email _____

I wish to donate £ _____ **to Cardiff and Vale Health Charity.**

If this donation is made in memory please state the person's name _____

Unless indicated on the line below, your kind gift will be used for the enhancement of services across Cardiff and Vale UHB. _____

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Donations to the Cardiff and Vale Health Charity can be increased by 25%.... **at no further cost to yourself!** Using Gift Aid means that for every £1 you give, we get an EXTRA 25p from HM Revenue & Customs, helping your donation go even further.....

Yes, I am a UK tax payer and would like Cardiff & Vale Health Charity to treat all donations that I have made over that past four years and all donations I make in future (unless I notify you otherwise) as Gift Aid donations. I understand that if I pay less Income Tax and/or Capital Gains Tax in the current tax year than the amount of Gift Aid claimed on all my donations it is my responsibility to pay any difference

Signed: _____ Date: _____

Our donors raise money for the Health Charity in many different ways.

Please tick all that apply to this donation:

Donation Raffle/auction Sponsorship
Collection tin Event ticket sales Legacy

We will use this information to determine if we can claim any Gift Aid or Small Donation Scheme income to add to your donation. Please contact the Health Charity on **029 2184 1802** or **hello@healthcharity.wales** with any questions.

For UHB use: Fund number Donation Legacy *please tick*

Donation received by _____ Date _____

Donation paid in by _____ Date _____

THANK YOU FOR YOUR SUPPORT

Cardiff and Vale Health Charity is a registered charity. No 1056544