



Supporting the North Wales Cancer Treatment Centre at Ysbyty Glan Clwyd

Gift Aid Declaration for past, present & future donations

Please treat as Gift Aid Please tick all boxes you wish	d donations all qualifying gift to apply.	s of money made:
Today \square	In the past 4 years $\ \square$	In the future $\ \square$
Gains Tax for each tax yeall the charities or Comr my gifts for that tax yea in the current tax year t difference and that othe	ear (6 April to 5 April) that is a munity Amateur Sports Clubs (o r. I understand that if I pay les than the amount of Gift Aid cla	a amount of Income Tax and/or Capital t least equal to the amount of tax that CASCs) that I donate to will reclaim on Is Income Tax and/or Capital Gains Tax animed it is my responsibility to pay any cil Tax do not qualify. I understand the n or after 6 April 2008.
My details Title:		
First name:		
Surname:		
Full Home Address:		
Postcode:		
Date:		
Signature:		
Please notify the North • Want to cancel this de • Change your name or l		sing Support Team if you:

If you pay Income Tax at the higher or additional rate and want to receive the additional tax relief due to you, you must include all your Gift Aid donations on your Self Assessment tax return or ask HM Revenue and Customs to adjust your tax code.

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

Please return this form to:

North Wales Cancer Appeal C/O Awyr Las Fundraising Support Team, Ysbyty Gwynedd, Penrhosgarnedd, Bangor, Gwynedd, LL57 2PW Or contact Patrick on 01248 384395 or secretary@northwalescancerappeal.co.uk