	Memory Tree Form	
Contact Details		•
Name:		
Address:		
Eircode:		
Company Name (if applicable):		
Galway Hospice will not share your details with any third party organisations. We would like to send you information from time to time, which could include fundraising activities and other information that we feel may be of interest to you.		
We would be grateful if you could indicate your preferred method of communication below:		
I am happy for you to phone me Y N My mobile number is:		
I am happy for you to email me Y N My email is:		
Leaf Options (please tick) Bronze Silver (€100 or €8.50 per month) Silver (€150 or €12.50 per month) Tax Efficient Giving: Donations of €250 (€21 monthly) or more in a year are potentially worth an		
additional €112 to Galway Hospice. Please engrave the following name or message on my Leaf: (limited to 26 characters including		
spaces). PLEASE WRITE CLEARLY AND IN CAPITAL LETTERS.		
Donation Options – Please choose your method of donation from options 1 or 2.		
1. One-Off Donation		
I enclose a cheque/postal order made payable to Galway Hospice		
I would like to pay by credit/debit card		
Cardholder's Name:		
Card Number:		
Expiry Date:	Security Number:	ation Amount: €

Please complete overleaf and see option 2 for Monthly Donation by Standing Order

2. Monthly Donation by Standing Order

To: The Manager,		
Bank:		
Branch: Date:		
Please charge to my account: Account Holder's Name:		
Account Number:		
And pay to: Account Name: Galway Hospice Bank: Bank of Ireland Branch: Mainguard Street, Galway Account No: 45996235 Sort Code: 90-37-95 IBAN: IE55 BOFI 9037 9545 9962 35 BIC: BOFIIE2D		
The amount stated below at monthly intervals (please tick):		
€8.50 €12.50 €21 Commencing on first payment date: / / /		
Amount in words:		
Signed: Date:		
Bank Reference (to be completed by Galway Hospice):		

Please send your completed form to: FREEPOST, Galway Hospice, Renmore, Galway, H91 R2To. Thank you for your support of Galway Hospice