

WIN €1000 JACKPOT



GALWAY HOSPICE  
**WEEKLY  
DRAW**

HELP SUPPORT GALWAY HOSPICE  
FOR JUST 18C A DAY



## ABOUT

Galway Hospice provides specialist palliative care services to patients and their families living with a life-limiting illness.

Our ethos at Galway Hospice is to maximise quality of life for those with life-limiting illnesses in a homely environment, chosen by the patient and their families.

Hospice care is provided free-of-charge to those who need it, for as long as it is needed. Our vital services include our Inpatient Care, Community Palliative Care, Day Care, Bereavement Support and Education.

You can help us to continue providing these services by becoming a member of our Weekly Draw for just €1.27 per week.

## OUR VISION

Galway Hospice will be an integral part of the community providing specialist palliative care by offering the right care with dignity and compassion to patients and families living with life-limiting illness when needed.

## OUR MISSION

The mission of Galway Hospice, as partners with the Health Service Executive, is to support patients from counties Galway, Mayo and Roscommon with advanced diseases needing palliative care to attain the best quality of life possible.

# HOW DOES IT WORK?

1. A weekly entry into the Weekly Draw costs just €1.27  
(you can enter as many times as you wish).
2. There are two prizes each week:
  - First Prize €1000
  - Second Prize €100
3. You are allocated a unique number that remains yours for as long as you play.
4. No draw number is eligible for more than one of the prizes each week.
5. All payments must be paid in advance of the draw taking place.
6. Each draw is held every Wednesday at the Galway Hospice.
7. All prize winners are notified by telephone.
8. All prize winners are announced on the Galway Hospice Facebook page.
9. Players must be 18 years or over.
10. The decision of the Galway Hospice is final in all matters.
11. **JOIN NOW** - Just complete the application form opposite and return to us at FREEPOST, Galway Hospice, Renmore, Galway, H91 R2T0.
12. Galway Hospice respects and is committed to protecting your privacy. Unless otherwise indicated on the entry form, the personal information you provide will remain private and only be used for the purposes of the draw.

## MAKE IT A GIFT



If you are looking for an interesting gift for a birthday, anniversary or Christmas, why not purchase a Gift Voucher to the Galway Hospice Weekly Draw.

**Call the Hospice Fundraising Team to find out more.**

# WEEKLY DRAW MEMBERSHIP FORM

YOUR DETAILS:

Forename(s): \_\_\_\_\_ Surname: \_\_\_\_\_

Address: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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 may 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 ☐ My mobile number is: \_\_\_\_\_

I am happy for you to email me ☐ My email is: \_\_\_\_\_

\*All prize winners are notified by telephone.

**YES! I want to play! Please choose your method of payment from options 1,2 or 3.**

## 1. Payment by Standing Order

To: the Manager

Bank: \_\_\_\_\_

Branch: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

*Please charge to my account*

BIC: 

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IBAN: 

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A/C Holders name: \_\_\_\_\_

And pay to:

Name of Account: Galway Hospice

Bank: Bank of Ireland

Branch: Mainguard Street, Galway

IBAN: 

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B	O	F	I
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9	0	3	7
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9	5	8	8
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9	1	2	3
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7	6
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BIC: 

B	O	F	I
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I	E	2	D
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## The Amount stated below at the specified intervals:

Frequency: Monthly Quarterly Yearly  
Amount: ☐ €5.51 ☐ €16.51 ☐ €66.04

Commencing with first payment: 

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Amount in words: \_\_\_\_\_

Signed: \_\_\_\_\_

**BANK REFERENCE:**

TO BE COMPLETED BY  
GALWAY HOSPICE

CHARITY: KINDLY WAIVE COMMISSION

## 2. Payment by Credit/Debit Card

I wish to buy ☐ chance(s) each week for ☐ week(s)

Cardholder's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Amount Due: € \_\_\_\_\_

Card No: \_\_\_\_\_

Expiry date: \_\_\_\_/\_\_\_\_ Security number: \_\_\_\_\_

## 3. Payment by cheque/postal order

I wish to buy an annual subscription and

I enclose a cheque/ P.O for €66.04 ☐

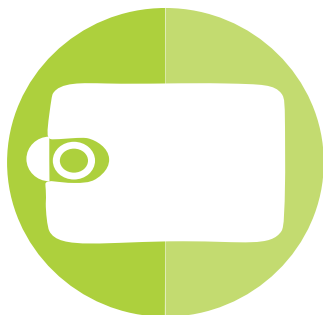
Cheques/Postal Orders should be made payable to:

**Galway Hospice**

Promotor Name and Number (if applicable): \_\_\_\_\_

**Please send your completed form to:**  
FREEPOST, Galway Hospice, Renmore, Galway, H91 R2T0.

# COMPANY SIGN UP



IT ONLY COSTS  
€1.27 WEEKLY/  
€5.51 MONTHLY



SENT TO  
GALWAY HOSPICE



WE SUPPORT PEOPLE  
WITH A  
LIFE-LIMITING  
ILLNESS

## PAYROLL DEDUCTION SCHEME

Companies and employees can also join through a Payroll Deduction Scheme. This involves employees authorising their employers to deduct €1.27 per week or €5.51 per month from their wages, which is subsequently sent to Galway Hospice.

Payroll Deduction Schemes are subject to agreement with employers.

For more information on the Payroll Deduction Scheme  
Contact Emer at Galway Hospice:

 091 770868

 [draw@galwayhospice.ie](mailto:draw@galwayhospice.ie)

# YOUR 18C A DAY WILL MAKE A DIFFERENCE



"Galway Hospice are my lifeline and my security"  
-Galway Hospice Patient

## WEEKLY PRIZES

# JACKPOT €1000

## 2ND PRIZE €100

FOR FURTHER INFORMATION OR QUERIES, VISIT:



[www.galwayhospice.ie/draw](http://www.galwayhospice.ie/draw)



091 770868



[draw@galwayhospice.ie](mailto:draw@galwayhospice.ie)

Galway Hospice Foundation is a registered charity.

Registered Charity No: CHY8837

Charity Regulator No: 22022150

# THANK YOU FOR YOUR SUPPORT