

# 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: 

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

IBAN: 

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

--	--	--	--	--	--	--	--	--	--	--	--

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

And pay to:

Name of Account: Galway Hospice

Bank: Bank of Ireland

Branch: Mainguard Street, Galway

IBAN: 

I	E	7	8	B	O	F	I	9	0	3	7	9	5	8	8	9	1	2	3	7	6
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

BIC: 

B	O	F	I	I	E	2	D
---	---	---	---	---	---	---	---

## The Amount stated below at the specified intervals:

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

Commencing with first payment: 

--	--	--	--	--	--

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.