

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 €1,000
 - Second Prize €100
- 3. You are allocated a unique number that remains yours for as long as you are a Weekly Draw member.
- 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' names and addresses are announced on the Galway Hospice Facebook page and website.
- 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 R2TO.
- 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 a gift for a birthday, anniversary or Christmas, why not purchase a Galway Hospice Weekly Draw Gift Voucher.

Call the Hospice Fundraising Team or visit galwayhospice.ie/draw to find out more.

WEEKLY DRAW MEMBERSHIP FORM

Name:	
Address:	
Phone: *All prize winners are notified by phone Emiliary	nail:
By being entered in the draw, you consent to us using your details to provide renewal, etc.). Please note we will retain your details on the Galway Hospice	Date: e you with information about the Weekly Draw (for example winning details, Draw database. We promise to keep your details safe and never sell or swap
your details with third parties. Our privacy policy available on www.galwayhospice.ie explains how we keep this promise. KEEPING IN TOUCH In addition, we would like to stay in touch with you about Galway Hospice services, news and other fundraising activities. Let us know how you would like us to stay in touch with you: Email Post Phone SMS I do not want to be contacted You can withdraw or change your consent at any time by contacting the Fundraising Department on 091 770868 or by fundraising@galwayhospice.ie	
YES! I want to join! Please choose your method of payment from options 1,2 or 3.	
Branch Joint Joint <t< td=""><td>The Amount stated below at the specified intervals:Frequency:MonthlyQuarterlyYearlyAmount:$\Box \in 5.51$$\Box \in 16.51$$\Box \in 66.04$Commencing with first payment on date:</td></t<>	The Amount stated below at the specified intervals:Frequency:MonthlyQuarterlyYearlyAmount: $\Box \in 5.51$ $\Box \in 16.51$ $\Box \in 66.04$ Commencing with first payment on date:
BIC:	Amount in words:
A/C Holder's name:	
And pay to: Name of Account: Galway Hospice Bank: Bank of Ireland Branch: Mainguard Street, Galway	Signed: BANK REFERENCE:
IBAN: 1 E 7 8 B 0 F 1 9 0 3 7 9 5 8 8 5 1 2	3 7 6 TO BE COMPLETED BY GALWAY HOSPICE
BIC: BOFIIEZD CHARITY: KINDLY WAIVE COMMISS	
2. Payment by Credit/Debit Card I wish to buy □ chance(s) each week for □ week(s) Cardholder's Name: Amount Due: € Expiry date:/	3. Payment by cheque/postal order I wish to buy an annual subscription and I enclose a cheque/ P.O for €66.04 □ Made payable to Galway Hospice
Card No:	Promoter Name and Number (if applicable):

Please send your completed form to: FREEPOST, Galway Hospice, Renmore, Galway, H91 R2TO.

COMPANY SIGN UP



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:



77 091 770868



draw@galwayhospice.ie

YOUR 18C A DAY WILL MAKE A DIFFERENCE

0.303





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

WEEKLY PRIZES JACKPOT €1000 2ND PRIZE €100

FOR FURTHER INFORMATION OR QUERIES, VISIT:



2091 770868



draw@galwayhospice.ie

Galway Hospice Foundation is a registered charity. Registered Charity No: CHY8837 Charity Regulator No: 22022150

THANK YOU FOR YOUR SUPPORT