WEEKLY DRAW MEMBERSHIP FORM

Name:	
Address:	
Phone: Email: *All prize winners are notified by phone	
Signature:	Date:
By being entered in the draw, you consent to us using your details to provide you with information about the Weekly Draw (for example winning details, renewal, etc.). Please note we will retain your details on the Galway Hospice 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 Ido not want to be contacted Vou 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.	
1. Payment by Standing Order To: the Manager Bank:	The Amount stated below at the specified intervals: Frequency: Monthly Quarterly Yearly Amount: $\square \notin 5.51$ $\square \notin 16.51$ $\square \notin 66.04$
Branch:	Commencing with first payment on date:
	Amount in words:
A/C Holder's name: And pay to: Name of Account: Galway Hospice Bank: Bank of Ireland	Signed:
Branch: Mainguard Street, Galway IBAN:	BANK REFERENCE: TO BE COMPLETED BY GALWAY HOSPICE CHARITY: KINDLY WAIVE COMMISSION
2. Payment by Credit/Debit Card 3. Payment by cheque/postal order	
I wish to buy chance(s) each week for week(s)	I wish to buy an annual subscription and
· · · · · · · · · · · · · · · · · · ·	I enclose a cheque/ P.O for €66.04
Amount Due: € Expiry date:/	Made payable to Galway Hospice
Card No:	Promoter Name and Number (if applicable):
' '	Made payable to Galway Hospice

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