WEEKLY DRAW MEMBERSHIP FORM

Name: _____

Address: _____ **Eircode:** _____

Phone*: _____ **Email:** _____

**All prize winners are notified by phone*

Signature: _____ **Date:** _____

Please complete, print and sign the form, then return it by post to FREEPOST, Galway Hospice, Renmore, Galway, H91 R2T0.

Keeping in touch: ☐ Email ☐ Post ☐ I do not want to be contacted

We would love to keep you updated about Galway Hospice, our events and campaigns. You can change your preferences at any time by contacting the Fundraising Department on 091 770868, at fundraising@galwayhospice.ie or by using the opt out function available on all our communications.

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: _____

Branch: _____

Date (dd/mm/yyyy): _____

Please charge to my account

BIC: ☐☐☐☐☐☐☐☐

IBAN: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

A/C Holder's name: _____

And pay to:

Name of Account: Galway Hospice
Bank: Bank of Ireland
Branch: Mainguard Street, Galway
IBAN: IE78BOFI90379585851237 6
BIC: BOFIIE2D

The Amount stated below at the specified intervals:

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

Commencing with first payment on date: (dd/mm/yyyy)

Amount in words:

_____

Signed: _____

Please complete, print and sign the form, then return it by post to FREEPOST, Galway Hospice, Renmore, Galway, H91 R2T0.

BANK REFERENCE: TO BE COMPLETED BY GALWAY HOSPICE

CHARITY: KINDLY WAIVE COMMISSION

2. Payment by Credit/Debit Card

I wish to buy an annual subscription for €66.04

Cardholder's Name: _____

Amount Due: € _____

Card No: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Expiry date: (mm/yy) _____

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**

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