Hospice Monthly Draw

The Hospice Monthly Draw was established in 1998 and generates a regular income to ensure the provision of specialist palliative care services to the patients and families in our care. Please help us to maintain this vital income by joining the Hospice Monthly Draw. Your support would be greatly appreciated.

How Much Do I Have to Contribute?

By contributing €7 per month or €84 per year you will be eligible to take part in the Hospice Monthly Draw.

The Draw consists of Four Prizes.

1st Prize	€1,400
2nd Prize	€700
3rd Prize	€500
4th Prize	€250

How Do I Enter the Draw?

Monthly Payments - By Standing Order

Please complete the attached standing order form and send it directly to St. Francis Hospice.

Annual Payments - By Standing Order

Please complete the attached standing order form and send it directly to St. Francis Hospice.

Annual Payments - By Credit Card/ Cheque/Postal Order

Please complete the attached form with Credit Card details OR enclose a Cheque/Postal Order for €84 and send directly to St. Francis Hospice OR join online www.sfh.ie

When and Where is the Draw Held?

The Draw is held on the last Thursday of each month throughout the year at St. Francis Hospice, Raheny.

How Do I Know If I Have Won a Draw Prize?

A letter is sent to all Draw Winners directly by the Hospice after the Draw is held. The Draw Results are published in the following Friday's edition of the Evening Herald and on the hospice website. www.sfh.ie and hospice social media platforms.

Where can I get more information about the Draw?

By contacting St. Francis Hospice on 832 7535 or Email: pmulcahy@sfh.ie with any queries.

Rules of the St. Francis Hospice Monthly Draw

1. There are four prizes each month:

1st PRIZE - €1,400 2nd PRIZE - €700 3rd PRIZE - €500 4th PRIZE - €250

- 2. The Subscription is €7.00 monthly or €84.00 annually.
- 3. Each Member of the Draw is allocated a draw number which he / she will retain for the duration of the draw.
- 4. No draw number is eligible for more than one of the prizes each month.
- 5. Under no circumstances will a member be entered for the draw in any month unless the monthly subscription has been paid in full.
- 6. The decision of the Hospice is final in all matters.
- 7. The Hospice reserves the right to alter the prize fund in proportion to the number of draw members.
- 8. Winners are listed on our website, social media pages and the Friday after the draw takes place edition of Evening Herald.
- 9. All prize winners will be notified by phone or email & post.

What People Say About Us

In-Patient Unit

"You helped to give Dad everything he wanted and helped us to keep him from any more suffering. Together we achieved making sure Dad got his dignity, respect and compassion back, after his long hard battle all through his life."

Hospice Day Care

"Dad loved sharing in activities and conversation with fellow patients and staff in Day Care. We now have his beautiful painting to cherish."

Community Palliative Care

"I am writing to express our heartfelt gratitude for all the support and advice and comfort that the hospice supplied over the last year. Through your support we were able to keep Margaret at home, a great relief and comfort to us that her wishes were granted. We cannot praise the staff highly enough for the level of detail and skill shown throughout the last few difficult weeks."

Hospice Out-Patients

"I feel a peace and comfort come into my life since I started attending here. After 13 months of struggle and upset, now I feel what was unbearable is now manageable."

St. Francis Hospice Dublin



Please Support by joining the

St. Francis Hospice Monthly Draw

For just

€7 per Month €84 per Year









CONTACT: 01-8327535 SIGN UP: www.sfh.ie

> **CRA Number 20027193 Charity Number 10568**







DRAW MEMBERSHIP APPLICATION FORM

PLEASE USE BLOCK LETTERS Received From: First Name: Mr / Mrs / Ms Tel. (Home):..... Tel. (Work): I wish to enter the St. Francis Hospice Monthly Draw and I will make my payments by **By Standing Order** Yearly by Cheque (€84.00) Note: Please make cheques payable to St. Francis Hospice Yearly by Credit Card (€84.00)

Expiry Date

REQUEST FOR STANDING ORDER

To: The Mana	ager					
Bank:						
Branch:		Dat	e:			
BIC:						
•	to my Account					
IBAN:						
			1			
A/C Holder's r	name:					
And pay to:						
Name of Acco	ount: St. Franci	s Hospice Dr	aw Ac	count		
Bank:	Bank of Ir	•				
Branch:	Raheny, [
BIC.:	BOFIIE	2 D				
IBAN:	IE54 B	OFI 9006	583	35 91	98	5
Draw Membe	ership No./Ban	k Reference	:			
				LEASE QUOT	E REFE	RENCE
The amount st	ated below at t	he specified	interv	als:		
Frequency: Amount:	Monthly €7.00	Yearly €84.00	Please	delete un	used c	optior
Day of month:	(if appropriate					
Commencing	with the first pa		DAY	MONTH	YEA	.R
Amount in wo	rds:					
Signed:						

CHARITY: KINDLY WAIVE COMMISSION

PLEASE FOLD AND RETURN BY FREEPOST TO ST. FRANCIS HOSPICE.

Please do not send directly to the Bank