



# FOYLE HOSPICE

## WEEKLY DRAW

### Membership Form

**Please Print Out And Return To:**

*Foyle Hospice Fundraising Dept., 61 Culmore Road, BT48 8JE*

**Your Personal Details**

Title: Mr/Mrs/Miss/Ms\* (please state).....

First Name.....

Surname.....

Address.....

.....

Postcode.....

Tel No.....

Email Address .....

Payment frequency - Please tick the appropriate box:-

£13 quarterly       £26 half yearly       £50 annually

Please make cheques payable to Foyle Hospice.

If paying by credit/debit card please call the Fundraising Department on

(028)71359888

Members of the draw must be 16 years or over. Please confirm by ticking this box.