HOSPICE CLUB 2OOO FUNDRAISING INITIATIVE

ATT / COMPANY : _____ **DATE :** / /

CONTACT : Mr Mrs Miss | Initials | Name

Surname

ID NUMBER : **POSTAL ADDRESS** :

Code

E-MAIL ADDRESS :

CONTACT №'S : Work : Ext : Fax :

Other : Ext : Cell :

FROM : Amina Majam | Phone : (011) 483 – 9148 | Fax : (011) 728 – 2098 | e-mail : amina@hospicewitwatersrand.org.za |

Thank you for considering our appeal. For a monthly contribution of only R50, you could win **R20 000** each and every month!

The money that you donate will be used to extend our Hospice services in the greater Johannesburg area. The philosophy that lies behind the active care offered by Hospice to the terminally ill emphasises the importance of living to the fullest whatever time is left, and of having a choice of the care environment. Hospice services are available to anyone who needs them, regardless of the nature of disease, race, religion, colour, creed, social circumstances or the ability to pay.

Through our fundraising activities, we have helped bring comfort, care and dignity to thousands of terminally ill patients. Our work is carried out mostly in patients' homes and is given free of charge. Your contribution to Club 2000 can be made in a number of ways. All we require, is that your give us your commitment for a minimum period of one year. For each R50 contribution, you will be issued with a membership number, which will be entered into the draw at the end of every month! Please note that once you have paid for your membership, **you will never be removed from the draw.** You are therefore eligible to win a prize every month of the year!

| **CLUB 2OOO MONTHLY PRIZES :** | **1st Prize : R20 000** | **2nd Prize :** R2 000 | **3rd Prize :** R1 000 | **4th – 7th :** R500.00 each |

Please tick the box with the Club 2000 membership option you would like to register for:

R50 per month	**R100** per month	**R150** per month	I want **more** numbers!
1 lucky number	2 lucky numbers	3 lucky numbers	QTY:

MONTHLY CONTRIBUTION PAYMENT OPTIONS: *(Please tick your payment method and complete all details)*

1 I wish to contribute the amount marked above by **DEBIT ORDER** on the first day of , 20 , and each month thereafter until cancelled by me (applicant).

Bank : Branch : Branch Code :

Account No : Type of Account :

2 Please debit my **CREDIT CARD** monthly:

Master Card Visa Diners Club American Express | Expiry Date : / CCV :

Card № :

Cardholder : **Signature :** _____

3 I would like pay for my Club 2000 membership with a **ONCE-OFF PAYMENT** of:

R600 *(1 № x 12 Months)* **R1 200** *(2 №'s x 12 Months)* **R1 800** *(3 №'s x 12 Months)* **R** .

Electronic Transfer (EFT) *(Please see banking details below)* Credit Card *(Please complete section above)* Cash Deposit *(Please see banking details below)* Cheque Deposit / Cheque Included *(Made payable to Hospice Association of the Witwatersrand)*

4 **DONATION**

I would prefer to send Hospice a donation of **R** . to help bring care and comfort to people with terminal illness.

THE HOSPICE ASSOCIATION OF THE WITWATERSRAND BANKING DETAILS:

| Bank : Standard Bank | Branch : Norwood | Branch Code : 004105 | Account no : 001 859 374 | Account type : Current Account |

THANK YOU FOR SUPPORTING THE HOSPICE ASSOCIATION OF THE WITWATERSRAND CLUB 2OOO FUNDRAISING INITIATIVE!

Hospice no end to caring
Hospice Association of the Witwatersrand.