



Jersey Hospice Care
your care, your choice, your time

5000
Club
Love your hospice

Win up to £1,000 each month
with tickets at £24 for the year
or just £2 a month



Thank you for your support



WWW.JERSEYHOSPICECARE.COM

Joining our 5000 Club is a great way to support Jersey Hospice Care and have a chance to win one of our ten monthly prizes.

The prizes:

£1,000	£750	£500	£250
£100	£100	£50	£50
£25	£25		

How it works

A single ticket for the 5000 Club is £2 per month. Your number will then be entered into a draw on the third Tuesday of every month for the chance to win one of ten prizes each month throughout the year. All prize winners are notified directly after each draw and should expect to receive their prize money by bank transfer. Winning numbers are published on our website and in the Jersey Evening Post.

How to purchase

Complete the attached application form and return to Jersey Hospice Care with your cheque or completed direct debit mandate on the reverse to pay monthly.

**YOUR SUPPORT WILL MAKE A DIFFERENCE
TO SOMEONE WE CARE FOR**

Important Information

All tickets, and any subsequent winnings, must be in the name of the person purchasing the ticket. You must be over 18 to buy a ticket and an ordinary resident of Jersey.

Jersey Hospice Care is licenced by the Jersey Gambling Commission (jgc.je) under the Gambling (Charitable and Membership Gambling Services) (Jersey) Regulations 2012. The 2024 5000 Club is under Permit CP-2228-24.

Full terms and conditions can be found at jerseyhospicecare.com/5000club

I WANT TO JOIN THE 5000 CLUB

Please complete your details:

Title: _____ Name: _____ Surname: _____

Address: _____

Postcode: _____

Email: _____ Phone: _____

A ticket for the 5000 Club costs £2 per month and can be paid for by continuous direct debit or by cheque. Remember to indicate how many tickets you wish to purchase.

I wish to purchase _____ tickets

and have completed the direct debit form on the reverse or have enclosed a cheque for £24 payable to Jersey Hospice Care

*Note if paying by cheque after 5 January 2024 please reduce the amount paid by £2 for each draw/month that has passed, i.e., £22 before 5 February, £20 before 5 March and so on.

If you have a preference for a particular number(s), please state it here and we will do our best to fulfil your request.

Confirmation of Terms and Conditions

I agree to the terms and conditions and, by declaring my date of birth and signing below, confirm that I am 18 years old or over and an ordinary resident of Jersey, Channel Islands.

Date of Birth: ____/____/____ Signed: _____ Date: _____

Age verification is required by the Jersey Gambling Commission.

As a valued supporter, we will keep you up to date with all of our latest news, events and fundraising activities.

Please let us know by ticking the box below if you do not wish to receive these communications.

I would like to be contacted by:

Post Email Phone

We take our obligations under data protection legislation very seriously and have robust controls in place to ensure safeguarding of your personal information. Jersey Hospice Care is the Controller in respect of your personal information, and is represented by the Data Protection Officer, who can be contacted by email at dataprotectionofficer@jerseyhospicecare.com. We will keep this document for as long as required by relevant legislation and it will not be shared with anyone outside of Jersey Hospice Care, other than the Bank/Building Society processing your direct debit, where applicable. You have certain legal rights regarding what we do with your personal data, including the right to complain to the Jersey Office of the Information Commissioner at [Jersey Office of the Information Commissioner - Home \(jerseyoic.org\)](#). Full details can be found in our data processing notice on our website www.jerseyhospicecare.com/privacy-policy/

MONTHLY DIRECT DEBIT PAYMENT - £2 PER TICKET

I wish to pay

£ _____ a month

starting on 1st of

____ / ____
(month/year)

Tick this box if you are happy for any prize winnings to be paid by bank transfer to the account details below

Instruction to your Bank or Building Society to pay by Direct Debit



Please fill in the whole form and send it to:

Jersey Hospice Care – 5000 Club
Mont Cochon, St Helier
Jersey
JE2 3JB

Service User Number

4	4	9	2	5	2
---	---	---	---	---	---

Name(s) of Account Holder(s)

Reference (office use only)

--

Bank/Building Society Account Number

--	--	--	--	--	--	--	--

Branch Sort Code

--	--	--	--	--	--

Instructions to your Bank or Building Society
Please pay L&Z re **JerseyHospiceCare**. Direct Debits from the account detailed in this Instruction subject to the safeguards assured by the Direct Debit Guarantee. I understand that this Instruction may remain with L&Z re **JerseyHospiceCare** and, if so, details will be passed electronically to my Bank/Building Society.

Name and full postal address of your Bank or Building Society

To: The Manager Bank/Building Society

Address:

Postcode:

Signature(s)

Date:

Banks and Building Societies may not accept Direct Debit Instructions for some types of account.

This guarantee should be detached and retained by the payer

The Direct Debit Guarantee

- This Guarantee is offered by all banks and building societies that accept instructions to pay Direct Debits.
- If there are any changes to the amount, date or frequency of your Direct Debit, L&Z re JerseyHospiceCare will notify you 10 working days in advance of your account being debited or as otherwise agreed. If you request L&Z re JerseyHospiceCare to collect a payment, confirmation of the amount and date will be given to you at the time of the request.
- If any error is made in the payment of your Direct Debit, by L&Z re JerseyHospiceCare, or your bank or building society, you are entitled to a full and immediate refund of the amount paid from your bank or building society. If you receive a refund you are not entitled to, you must pay it back when L&Z re JerseyHospiceCare asks you to.
- You can cancel a Direct Debit at any time by simply contacting your bank or building society. Written confirmation may be required. Please also notify us.