PAYMENT DETAILS

To pay for your ticket by monthly direct debit, please complete this form

I would like ____ **ticket(s) at £2 each a month**

To start on the 1st of ____ **2027**

Instruction to your bank or building society to pay by Direct Debit

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)

Account number:

Sort code:

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

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

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.

Jersey Hospice Care, Mont Cochon,
St Helier, Jersey JE2 3JB
T: (01534) 876555 E: fundraising@jerseyhospicecare.com

www.jerseyhospicecare.com

Jersey Hospice Care is the registered provider of specialist palliative care services in Jersey. As part of our registration, we are Regulated and Inspected by the Jersey Care Commission. Registered charity number: 30



5000 CLUB

SUPPORTING JERSEY HOSPICE CARE

Win up to £1,000 each month



Join for more reasons to smile

Every ticket you purchase helps Jersey Hospice Care to provide Islanders with essential care.

That's something to smile about.

Jersey Hospice Care

18+ GambleAware

Join our 5000 Club and win up to £1,000 or one of ten guaranteed prizes every month!

1st Prize	2nd Prize	3rd Prize	4th Prize
£1,000	£750	£500	£250

5th Prizes	6th Prizes	7th Prizes
£100 X2	£50 X2	£25 X2

How it works



Joining the 5000 Club is easy

1. Choose how many tickets you would like and how you would like to pay
2. Fill in your details for your Direct Debit payment or write a cheque to pay up front
3. Sit back and relax. We'll send you your ticket numbers and welcome information
4. The winning numbers will be published on our website and in the Jersey Evening Post

Important Information

A single 5000 Club ticket costs £2 a month. 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 2027 5000 Club is under Permit CP-2755-27. Full terms and conditions can be found at jerseyhospicecare.com/5000club

Your details

Title: _____ First name: _____

Surname: _____

Address: _____

_____ Postcode: _____

Telephone: _____ Email: _____

How many tickets would you like? ☐

I would like the following ticket number(s) if available _____

I would like to pay by:

Cheque* ☐ **Direct Debit (complete the form overleaf)** ☐

*Pay only for the remaining months of the calendar year (Jan-Dec) not including the current month, i.e. in Feb only pay Mar-Dec £20.

I agree to the terms and conditions and confirm
I am 18 years old or over and an ordinary resident of Jersey. ☐

Date of birth: _____ Signed: _____

Date: _____

Please complete payment on the reverse of this form and return to Jersey Hospice Care.

Office use only

Location:
Age verified by:

Jersey Hospice Care is a controller for the purposes of the Data Protection (Jersey) Law 2018. We take our compliance responsibilities seriously and ensure robust safeguards when it comes to protecting your data. Further details about how we look after your personal information and how we use it can be found in our Data Processing Notice on our website.

