

Monthly Prizes

(Prizes may be declined if you wish - in which case the prize money goes directly towards home care expenditure)

FIRST: R10 000

SECOND: R1 000

THIRD: R500

4 CONSOLATION PRIZES OF :R250

- Commit to a monthly donation of R50 for a minimum of 12 months to qualify
- Maximum 1000 members in the Club - your chance of winning in any one year exceeds 8 in 100!
- All proceeds are used for the care of the terminally ill in the Helderberg Area
- Monthly draw currently done live on Radio Helderberg 93.6FM
- Prize money guaranteed by Helderberg Hospice
- Membership open to all - including volunteers and staff of Helderberg Hospice.

Members can have more than one number - Numbers in draw unlimited!

Helderberg Hospice

Club 1000

NPO : 004-372

Reg. No. 1987/000465/08

All funds generated by Club 1000 are allocated to financing the Helderberg Hospice Home Care program. By becoming a member, you are directly involved as a partner in sustaining this service, which takes our skilled care and support to where the patient is. All care is personalised and the care team addresses the individual needs of the persons with life threatening illnesses, both for the present and into the unknown future. Your membership assists us to keep the support team able and available 24-hours per day.

We thank you for your support to keep this service available for all who need it.

Baie dankie, Thank you!

Contact Details

T: +27 (21) 852 4608 F: +27 (21) 851 7426

e-mail: info@helderberghospice.org.za

www.helderberghospice.org.za

P.O. Box 1640 • Somerset West • 7129

21 Old Stellenbosch Rd.

Somerset West 7130

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CLUB 1000

How you can help Helderberg Hospice deliver a skilled and specialist care to those who are facing a life threatening illness, in the security and comfort of their own homes.

Make a difference today!

HELDERBERG HOSPICE

Our services are focused to help those facing a life-threatening illness to live their last days in dignity, free from pain and other distressing symptoms, preferably in the comfort of their own homes.

In addition, Helderberg Hospice provides support and counselling to the patients' family.

CARING - IRRESPECTIVE OF ABILITY TO PAY

Helderberg Hospice believes that nobody should die alone, afraid, or in pain. Those with a life-threatening illness have the right to appropriate care regardless of ability to pay for the service. Patients and families are asked to contribute whatever they can afford to the cost of our skilled and specialist care.

HOSPICE SERVICES

- In Patient Unit Care - 24-hour care in the ward
- Comprehensive Home Care - 24-hour on call nurse
- Medical equipment and supplies
- Bereavement counselling
- Day Hospice service
- Support of families in patient care
- Social work assistance with disability grants and other related matters

Club 1000

APPLICATION FORM

- R50 per month - one lucky number
 R100 per month - two lucky numbers
 R150 per month - three lucky numbers

Title: _____ Name: _____

Surname: _____

Address: _____

_____ Postal code: _____

Tel (H): _____

Tel (W): _____

Tel (Cell): _____

e-mail : _____

Signature: _____

Date: _____

ID No.: _____

RULES:

1. Prizes are allocated on a lucky draw basis each month.
2. The judges decision is final and no correspondence will be entered into.
3. Winners will be notified and their cheques sent by post or EFT payment.
4. Winners will be announced on Radio Helderberg monthly.
5. Each Club is limited to 1000 members in total per Club.
6. Winners' names will be sent to all members quarterly.
7. As the draw is under the supervision of independant auditors, Helderberg Hospice staff and volunteers are welcome to join.
8. All proceeds from the Club are used to fund Helderberg Hospice and its various community projects.

Club 1000

APPLICATION FORM- CONTINUED

OPTION ONE:

I wish to donate the amount marked by debit-order from _____ (month) and each month thereafter.

Bank: _____

Branch name and address: _____

Branch code: _____

Account number: _____

Account type:

- Current Transmission Savings

** Please complete the attached Mandate authorisation

OR OPTION TWO:

I prefer to make one annual payment of

- R600 R1200 R1800

Cheque enclosed

Please debit my credit card as below

OR OPTION THREE:

Please debit my master / visa card monthly until cancelled by me:

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CVC No: □□□□ Expiry date: □□□□