

Time 11.30

Date 01/2/19

**25218**



**North West Hospice**

# Receipt

CHAMP Ref 20027

Name Shannon Gaels GAA (Philip Feeley)

Address Stranamorth, Blacklion, Co Cavan.

Mobile \_\_\_\_\_

Email (TO SEND VERIFIED RECEIPT IF NECESSARY) \_\_\_\_\_

Donation  Donation made on behalf of multiple donors e.g. funeral envelopes  
(Receipt will issue to individuals where contact details are provided)

Event \_\_\_\_\_ (Event Name/Type)

In Memory of \_\_\_\_\_ Name of person being remembered

Is card required  Yes  No

If yes - name & address for card to be sent to \_\_\_\_\_  
\_\_\_\_\_

Is this donation  Cash  Cheque  Received in Post - Time and Date: \_\_\_\_\_

Counted Amount € 472.50 £ / Other \_\_\_\_\_

Uncounted Amount (Donation will be counted by 2 hospice representatives and a receipt emailed to you)

Reason uncounted:  Coin  Donor could not wait.

### Keeping in touch

Are you happy for North West Hospice to contact you to keep you up to date about our services?

Yes  No

If yes, please tick what methods of contact you prefer:  Phone  Email  Post

Signed Bradley Hospice Representative

Signed Tracey Hospice Representative / Donor

It is the policy of North West Hospice to issue receipts for all donations received. Your data will be processed in accordance with our privacy policy which is available at [www.northwesthospice.ie/privacy](http://www.northwesthospice.ie/privacy) You can change your contact preferences at any time - please call us on 071 9170523.

Charity No CHY7983

**Thank you for your generosity and continued support.**

**North West Hospice Centre**  
The Adelaide Building, Wine Street Car Park, Sligo  
Tel: (071) 91 70523  
E-mail: [info@northwesthospice.ie](mailto:info@northwesthospice.ie)  
Web: [www.northwesthospice.ie](http://www.northwesthospice.ie)