



SUPPORT YOUR LOCAL COMMUNITY HOSPITAL

Wells Community Hospital Trust provides a wide range of health & wellbeing services for the community we serve.

We support people locally to keep them independent longer by the provision of high quality clinical services and non-clinical therapeutic support in a safe environment.



We also address a wide range of social, emotional and practical needs holistically enabling people to take greater control of their own health and wellbeing.

For information about our services or enquires, please visit our website at www.wellshospital.org.uk or call us on 01328 711 996.



THE 1000 CLUB

The Wells Community Hospital Trust 1000 Club is a fundraising event which will play a vital role in helping us achieve our fundraising targets to the benefit of the local community.

HOW TO JOIN

You can join by standing order or cheque.

The cost per entry is £4.34 per calendar month. You may have as many entries in a month as you like, 1 entry = £4.34 per calendar month, 2 entries = £8.68 per calendar month and so forth. All participants must be over 16.

Once you are a member you will be allocated your own dedicated number and this will automatically be entered into the draw each month. You don't have to do anything. Lucky winners will be informed by post and will also be shown on our website.

First prize - £120 per calendar month

Second prize - £40 per calendar month

If you or any of your friends or relatives would like to join, please complete the form on the back page and return to..

Wells Community Hospital Trust

Mill Road

Wells-Next-The-Sea

Norfolk

NR23 1RF

Title (Mr/Mrs/Miss/Other) _____ First Name: _____

Surname: _____

Address: _____

_____ Post Code: _____

Mobile/Tel No: _____

I tick to confirm that I am over 16 years of age (PLAYERS MUST BE OVER 16)

Signed _____ Date _____

Cheque Payments

Each chance costs £4.34 per calendar month, per entry

I wish to buy _____ chance(s) for _____ weeks Total £ _____

Standing Order Mandate

To: _____ Name of Bank/Building Society

Address: _____

_____ Post Code: _____

Sort Code: _____ Account No: _____

Please debit my account and pay: **Wells Community Hospital Trust**

Bank: Barclays Bank Plc

Sort Code: 20-30-81

Account Number: 03376656

The sum of £ _____

Please tick applicable:

Monthly Quarterly Half-yearly Yearly

First payment on ____/____/____ and thereafter until further notice.

Signed _____ Date _____

Wells Community Hospital Trust

1000 CLUB

MONTHLY

DRAW

1ST PRIZE - £120.00

2ND PRIZE - £40.00

Website: www.wellshospital.org.uk

Call: 01328 711 996

CHARITY NO. 1154540

All profits go directly to Wells Community Hospital Trust

**Wells Community Hospital Trust 1000 Club is licensed with
North Norfolk District Council Licence Number LN/000010805**