Hennessy Cognac Gold Cup

Leopardstown Races 12th February 2012

Sweepstake Registration Form

St. Patrick's Hospital FOUNDATION

Company Name .....

Contact Name .....

Address .....

.....

Tel .....

Email .....

Mobile number .....

Donation amount € .....

Method of payment ☐ Cheque
☐ Credit Card
Type of Card Mastercard ☐ Visa ☐
American Express ☐ Laser ☐

Card Number ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐

Expiry Date ☐☐ ☐☐ ☐☐

Security Code ☐☐☐

Yes I will attend ☐

Names of guests .....

.....

Signature ..... Date .....

☐ Please tick here if you would not like to receive further correspondence from St. Patrick's Hospital Foundation.

Please make your cheque payable to St. Patrick's Hospital Foundation and return with this form to: Zadrhiena Noone, Fundraising Officer

St. Patrick's Hospital Foundation, St. Patrick's University Hospital, James's Street, Dublin 8

T 01 249 3538 **www.stpatsfoundation.ie**

Charity Number CHY 6276

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