

**LOTTERY NEW MEMBER APPLICATION FORM**

I would like to join Dr Kershaw's Hospice Lottery, and agree to pay £1 per entry per week.

|                   |            |
|-------------------|------------|
| Name: (Mr/Mrs/Ms) |            |
| Address:          |            |
|                   | Post Code: |
| Tel No:           | Email:     |
| Mobile:           | Signed:    |

I confirm that I am aged 16 years or over  Date of Birth:...../...../.....

**I would like to pay by cheque / postal order:**

Please enter the number of chances required in the box below along with the total amount

|  |           |             |
|--|-----------|-------------|
|  | x £13 = £ | Quarterly   |
|  | x £26 = £ | Half-yearly |
|  | x £52 = £ | Annually    |

Please make cheques payable to: **Dr Kershaw's Hospice Lottery**

**I would like to pay by credit/debit card:**

|  |                             |              |         |
|--|-----------------------------|--------------|---------|
| Visa/Mastercard/Maestro                                  | Name as it appears on card: |              |         |
| Card Number:   |                             |              |         |
| Valid from Date:   |                             | Expiry Date: |         |
| Security Card Number (last 3 digits on signature strip): |                             |              | Signed: |

**I would like to pay by Direct Debit/Standing Order, my bank details are as follows:**

|                |             |  |   |
|----------------|-------------|--|---|
| Bank Name:     |             |  |   |
| Bank Address:  |             |  |   |
|                |             |  | Postcode:   |
| Sort Code: / / | Account No: |  | Payment Date: ASAP / 1 <sup>st</sup> / 15 <sup>th</sup> month |
| Account Name:  | Signed:     |  | Date:   |

For payment by credit/debit card or direct debit/standing order please enter the number of chances required in the box below along with the total amount

|  |             |             |
|--|-------------|-------------|
|  | x £4.34 = £ | Monthly     |
|  | x £13 = £   | Quarterly   |
|  | x £26 = £   | Half-yearly |
|  | x £52 = £   | Annually    |

Please pay: **Barclays Bank, Oldham** For the credit of: **Dr Kershaw's Hospice Lottery**  
Sort Code: **20-64-12** Account Number: **50024228** Quote Ref No:.....  
(to be completed by the Lottery Office)

Completed forms should be returned to The Lottery Manager at the address below