

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 st / 15 th 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