

Hospice Lottery Application Form

Title: _____ Surname: _____ First Name: _____

Address: _____

Postcode: _____ Daytime Tel No: _____

Payment Option A: Standing Order

(Please return your application form to The Hospice Lottery office)

To (your bank): _____

Branch: _____

Account Name: _____

Account No: _____ Sort Code: _____

Please debit my account as per the following details:

Lloyds Bank, Aylesbury Branch, 1 Market Square, Aylesbury HP20 1TD

Payee: The Hospice Lottery Partnership Ltd Account No: 01860235 Sort Code: 30-90-38

Monthly £4.34 x _____ weekly chance(s) = £ _____

Quarterly £13.00 x _____ weekly chance(s) = £ _____

Half-Yearly £26.00 x _____ weekly chance(s) = £ _____

Annually £52.00 x _____ weekly chance(s) = £ _____

Signed: _____

Payment Option B: Cheque/Postal Order

I wish to buy _____ chances each week for _____ weeks and remit £ _____

Cheques should be made payable to:

The Hospice Lottery Partnership Ltd

Payment Option C: Credit Card

I wish to buy _____ chances for each week for _____ weeks and authorise payment of either

£13 quarterly £26 half-yearly £52 Annually until further notice

Or £ _____ for this period only

Card No: _____

Expiry Date: ____ __ Issue No: ____

Card Type: (ticket as appropriate) Access Visa Euro Master Delta Switch

Signed _____

Please send your completed application form to:

Freepost RRAJ-HRAX-YYXY

The Hospice Lottery Partnership Limited

Honors Building, 70-80 Akeman Street

Tring, Herts HP23 6AF

TELEPHONE NO:

01442 891459