Hospice Lottery Application

Title: Surname: First Name:

Address:

Postcode: Daytime Tel No:

Payment option A: Credit Card

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

Monthly Quarterly Half-yearly Annually

until further notice (or £ for this period only)

Card No:

Card: Access Visa Euro Master Delta

Expiry date:

Signed:

Payment option B: Standing Order

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

First payment on and thereafter

- Monthly £4.34 x weekly chance(s) = £
- * Quarterly £13 x weekly chance(s) = £
- * Half-yearly £26 x weekly chance(s) = £
- * Annually £52 x weekly chance(s) = £

until further notice (*delete as appropriate)

Signed:

Payment option C: Cheque / P.O.

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

Cheques payable to: **The Hospice Lottery Partnership Ltd**

Please send your application to:

The Hospice Lottery Partnership Ltd
Dixons Gap
Tringford Road
Wilstone
Nr Tring
Herts HP23 4QF

HOTLINE
0870 3300218