

LOTTERY ENTRY FORM

For office use only

Title:

Full Name:

Address:

Postcode:

Tel. no. Mobile no.

Email:

Please tick here if you do not want to receive future correspondence from Hospice in the Weald

CONSENT TO PLAY

I confirm that I am over 16 years of age and a resident of the UK.

SIGNATURE

DATE

PAYMENT FREQUENCY

How many entries would you like each week?

How often do you want to pay?

(Please tick payment frequency and write amount in the box)

Every 52 weeks = £52

Every 26 weeks = £26

Every 13 weeks = £13

X

=

Total payable

PAYMENT METHOD (please tick appropriate box)

A) Debit/Credit Card B) Payment by Direct Debit C) Cheque/Cash

A) DEBIT/CREDIT CARD

Please debit £..... from my debit/credit card

Type of card:

Name on Card:

Card Number:

Start Date: Expiry Date: Issue Number (if applicable):

3 digit security code (this is the last 3 digits printed on the back of the card on the signature strip):



B) PAYMENT BY DIRECT DEBIT (RECOMMENDED)

Please fill in the form and send to:

Hospice in the Weald
Maidstone Road, Pembury
Tunbridge Wells, TN2 4TA

Instruction to your bank or building society to pay by Direct Debit

8 3 9 5 4 2

To the Manager

Bank/Building Society:

Address:

Postcode:

Name of account holder

Sort code

Bank/building society account number

Reference

Instruction to your bank or building society

Please pay Hospice in the Weald Direct Debits from the account detailed in this instruction subject to the safeguards assured by the Direct Debit Guarantee. I understand that this instruction may remain with Hospice in the Weald and, if so, details will be passed electronically to my bank/building society.

SIGNATURE(S)

DATE

Banks and building societies may not accept Direct Debit instructions for some types of account.

C) PAYMENT BY CHEQUE/CASH

I enclose a cheque for £

made payable to Hospice in the Weald