

LOTTERY APPLICATION

Your details (Please write in block capitals)

Mr / Mrs / Miss / Ms / Other	First Name	Surname								
Address										
Town	Postcode							-		
Tel		Mobile								
Email							DOB			

I am over 16 years of age and resident in the UK

Number of Entries Required

£4.34 every month x = £_____ per month £13 every 13 weeks x = £_____ per 13 weeks

£26 every 26 weeks x = £_____ per 26 weeks £52 every 52 weeks x = £_____ annually

Payment by Cheque

I enclose a cheque made payable to: Bury Hospice Trading Limited for: _____

Chq No. _____

Signature _____ Date _____

Payment by Standing Order

Bank Name _____ Postcode _____

Bank Address _____

Name of Account Holder _____

Account Number										Sort Code					
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Please pay RBS RADCLIFFE, Bolton Customer Service Centre, PO Box 2027 Parklands, De Havilland Way, Horwich, Bolton BL6 4YU

For the credit of: Bury Hospice Trading Ltd

Sort Code 16-29-20

Account Number 11309373

The sum of £_____

Commencing on _____ or immediately after if this date has past and to continue every:
month 13 weeks 26 weeks annually until cancelled by me/us in writing.

Signature _____ Date _____

BANKS - PLEASE QUOTE REFERENCE NUMBERS BELOW WITH ALL PAYMENTS

Bank Reference: _____ / _____ / _____

responsible
gamblingtrust



Promoter: Bury Hospice Trading Limited, Rochdale Old Road, Bury, BL9 7RG Tel: 0161 763 1893

Email: lottery@buryhospice.org.uk Web: www.buryhospice.org.uk

Licensed by the Gambling Commission Licence 000-005170-N-308493-010

By completing this form you are giving consent for Bury Hospice to use your data for administrative purposes related to running the lottery. We value the support we receive from our local community and take the protection of your data very seriously. We will never pass your information to anyone outside the Hospice.

Being able to contact our supporters is vital to Bury Hospice. On the basis of legitimate interest we will also use your data to send you occasional information by post about our work, in order to help us continue to care for local people, and their families. If you would prefer not to hear from us in this way, please tick:

If you are happy for us to communicate by telephone and/or email please complete below:

Tel: _____

Email: _____