

LOTTERY NEW MEMBERS FORM

Title: _____ Full Name: _____

Address: _____

Post Code: _____ Tel No: _____

Email: _____

DOB: _____ I/We are 16 years or over

I prefer to pay by:

Standing Order

Please complete the mandate below

Cheque Payment

Please enclose £13, £26, £52 and make

Credit/Debit Card

payable to: **Worcestershire Hospices Lottery**

Cardholder's name:

Card number:

Expiry: Security code:

STANDING ORDER MANDATE

(Do not send to your Bank)

Please complete this section with your details of your own bank

To: _____

Address: _____

Account Number: _____ Sort Code: _____

Account Name: _____

Please Pay: **NATWEST BANK PLC, 1, THE CROSS, WORCESTER**

For the Credit of: **THE WORCESTERSHIRE HOSPICES LOTTERY**

Sort Code: **55 – 81 – 36** Account No: **71782362**

The Sum of (please tick appropriate box)

For ONE chance per week

For TWO chances per week

£52 Annually

£104 Annually

£26 every Six Months

£52 every Six Months

£13 every Three Months

£26 every Three Months

First payment to commence immediately

Signature: _____ Date: _____

Bank Quoting Reference						

Through occasional mailings or by phone, we would like to keep you up to date about the difference your support is making. If you **DO AGREE to this please tick the box**

We do not pass your details onto any other organisation.