



**DR. KERSHAW'S HOSPICE LOTTERY - NEW MEMBER'S APPLICATION FORM**

I would like to become a member of Dr Kershaw's Hospice Lottery, and agree to pay £1 per entry per week.

Name: (Mr/Mrs/Ms) .....

Address: .....

..... Post Code: .....

Tel No: ..... E-mail: .....

Signed: .....

I confirm that I am aged 16 years or over Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

I enclose a cheque / postal order to the value of £13, £26, £52 (per number)

*Please enter number of chances required in the box and the pounds total*

- x £13 = £ ..... Quarterly
- x £26 = £ ..... Half-Yearly
- x £52 = £ ..... Annually

I would like to pay by **standing order**, my bank details are as follows:

**Standing Order Mandate**

Bank Name: .....

Branch Address: .....

..... Post Code .....

Sort Code: .....-.....-..... Account No: ..... Start Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Account Name: ..... Signed: ..... Date: .....

*Please enter number of chances required in the box and the pounds total*

- x £4.34 = £ ..... Monthly
- x £13 = £ ..... Quarterly
- x £26 = £ ..... Half-Yearly
- x £52 = £ ..... Annually

Please Pay: **Barclays Bank, Oldham**

For The Credit of: **Dr Kershaw Hospice Lottery**

Sort Code: **20-64-12** Account No. **50024228** Quote Ref No: .....

(To be completed by the Lottery Office)

Canvasser: ....Website.....

Completed application forms should be returned to:

**The Lottery Manager, Dr. Kershaw's Hospice Lottery, Turf Lane, Royton, Oldham OL2 6EU**

**NOT TO YOUR BANK**