

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.

I would like 1, 2, 3 (please circle).

Name: (Mr/Mrs/Ms)

Address:

Postcode:

Tel No:

Email Address:

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

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

→ x £13 = £.....
x £26 = £.....
x £52 = £.....

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

Standing Order Mandate

Name of your bank

Address of bank

Post Code

Sort code-.....-..... Account No:

Account Name: Signed

Date

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

→ x £4.34 = £..... now and thereafter every month
x £13 = £..... now and thereafter every 13 weeks
x £26 = £..... now and thereafter every 26 weeks
x £52 = £..... now and thereafter every 52 weeks

Please Pay **Barclays Bank, Oldham**
For The Credit of **Dr Kershaw Hospice Lottery**
Sort Code **20-64-12** Account No. **50024228**

(These details should be sent back to the Lottery Office, not to your bank)

Completed application forms should be placed in an envelope (stick on a stamp and save the Hospice more money) and send to:

Dr Kershaw's Hospice Lottery, Freepost NWW5012A, OL2 6EU

Dr Kershaw's would like to take this opportunity of thanking everyone who has supported them over the years. It is much appreciated by patients and their families – vital support helps us to continue to provide specialist care within Oldham and the surrounding areas.

Dr Kershaw's Hospice Lottery

Promoter: B Hurst. Dr Kershaw's Hospice Lottery is registered with The Gambling Commission, under Schedule 1A of the Lotteries & Amusements Act 1976

Registered Charity No. 1105924