



LOTTERY APPLICATION FORM

I CONFIRM I AM 16 OR OVER (please tick)

Full Name: Mr / Mrs / Miss / Ms / Other

Address:

..... Postcode:

Telephone No: Email:

CASH / CHEQUE PAYMENT

Each number costs £1 per week.

I would like to buy number(s) each week forweeks and remit:

Cash: £..... Cheques: £.....
(Make cheques payable to 'Rowcroft Hospice Lottery')

If you would prefer not to receive a bear please tick here

LOTTERY STANDING ORDER FORM

To:Bank plc

Address:.....

.....

Account Name:.....

Account No:..... Sort Code:.....

Please debit my above account and send payment as follows:

Please pay: Natwest Bank plc, **Sort code:** 55 - 70 - 01

Payee: Rowcroft Hospice Lottery **Account No:** 74527126

Please quote reference..... (To be completed by Hospice)

I wish to buy.....weekly number(s) and pay: (*delete as appropriate)

* Monthly £4.34 per number **or**

* Quarterly £13.00 per number **or**

* Annually £52.00 per number

Total: £.....

First payment on...../...../..... and thereafter until further notice.

Signed.....

Please print off, complete and return to:

Rowcroft Hospice Lottery, FREEPOST (EX2321), Torquay, TQ2 5ZZ

(Using a stamp saves us postage)