



LOTTERY APPLICATION FORM

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

Address.....

.....

Postcode..... Telephone No:.....

CASH / CHEQUE PAYMENT

Each chance costs £1 per week.

I wish to buy..... chance(s) each week forweeks and remit:

Cash: £..... Cheques: £.....

Made out to 'Rowcroft Hospice 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 chance(s) and pay:

* Monthly £4.34 per chance **or**

* Quarterly £13.00 per chance **or**

* Annually £52.00 per chance

Total: £.....

(*Delete as appropriate)

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)