



# St Raphael's HOSPICE

## COMMUNITY LOTTERY

# MEMBERSHIP APPLICATION FORM



### 1 New Member's Details

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

Surname .....

Address: .....

..... Postcode .....

Tel No: .....

Email: .....

I confirm that I am over 16 years of age and a British resident

Signature: ..... Date: .....

Name of 2nd Player .....

(If a 2nd Player Name is given, this means that two people (Mother/Son; Father/Daughter etc or any combination) can join via this form, but each will be sent their own separate letter and lottery number. But please note if it is for "Mr and Mrs" only one letter will be sent jointly detailing two or more lottery numbers).

### 2 YES I want to play

#### 1 entry per week

£52 every year

#### 2 entries per week

£104 every year

£26 every 26 weeks (half-yearly)

£52 every 26 weeks (half-yearly)

#### My preferred method of payment is:-

**Direct Debit** - This is the method of payment most preferred by the hospice as it keeps admin costs to a minimum. Please complete the form opposite.

If you pay by **Annual Direct Debit** we would like to send you a free cuddly St Raphael's Lion. Please tick here if you wish to receive your lion

**Credit Card** - Mastercard/Visa (please delete as applicable)

Please debit my card No:

Start date:

Expiry date:

Signature: ..... Date: .....

**Cheque** - Please make cheques payable to **St Raphael's Hospice Lottery**

### 3 Send this form to...

St Raphael's Hospice Lottery  
FREEPOST SEA 8916  
SUTTON SM3 9BY

Ref: **Website**

### Instructions to your Bank and Building Society to pay by Direct Debit

Please fill in the whole form using a ball point pen and send it to:

St Raphael's Hospice Lottery  
FREEPOST SEA 8916  
SUTTON  
SM3 9BY

Originator's identification Number

I would like to support St Raphael's Hospice Community Lottery with a regular subscription. Please debit my Bank/Building Society account

Annually, for \_\_\_\_\_ weekly chance(s) x £52 = £

Every 6 months, for \_\_\_\_\_ weekly chance(s) x £26 = £

Quarterly, for \_\_\_\_\_ weekly chance(s) x £13 = £

Monthly, for \_\_\_\_\_ weekly chance(s) x £4.34 per month = £

on the 1st\_\_ or 15th\_\_

Name(s) of Account Holder(s)

Bank/Building Society account number

Branch Sort Code

Name and full postal address of your Bank or Building Society

To: The Manager Bank/Building Society

Address

Postcode

Signature(s)

Date

Reference

Banks and building societies may not accept Direct Debit Instructions for some types of account

Registered with the Gambling Commission www.gamblingcommission.gov.uk ref: 31418  
For full details visit www.straphaels.org.uk

This guarantee should be retained by the Payee

### The Direct Debit Guarantee



- This guarantee is offered by all Banks and building Societies that take part in the direct Debit Scheme. The efficiency and security of the Scheme is monitored and protected by your own Bank or Building Society.
- If the amounts to be paid or the payment dates change St Raphael's Hospice will notify you 10 working days in advance of your account being debited or as otherwise agreed.
- If an error is made by St Raphael's Hospice or your Bank or building Society, you are guaranteed a full and immediate refund from your branch of the amount paid.
- You can cancel a direct Debit at any time by writing to your Bank or building Society Please also send a copy of your letter to us.