



LOTTERY APPLICATION FORM

I CONFIRM I AM 16 OR OVER (please tick)

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

Address.....

.....

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

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')

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)