

Cornwall Hospice Care Lottery - Membership Application Form

Please fill in the details below together with your preferred payment option and return the completed form to: **Freepost RLZU-JEET-BKGU, Cornwall Hospice Care Lottery Ltd. Porthpean Road, St. Austell Cornwall PL26 6AB**

Please note that each chance costs £1 per week. All players must be 16 or over
(Please complete in Capitals)

Your Details

Title	Initials	Surname
<hr/>		
Address		
<hr/>		
Post Code	Telephone	
<hr/>	<hr/>	
Email		
<hr/>		

Standing Order

To: _____ **Bank** **Sort Code:**

Post Code

(Full Bank Address)

Account Name _____

Account Number

Please set up the following Standing Order and debit my/our account accordingly

B Organisation you wish to pay

Name of Organisation	Cornwall Hospice Care Lottery
Bank and Branch Name	Barclays Bank plc, St. Austell
Account Number	8 0 5 7 9 1 7 3
Sort Code	2 0 7 4 2 0
Reference to be quoted (FOR OFFICE USE ONLY)	

C About the Payment

Commencing (please insert start date)

Write here how many entries you would like each week

▼

x

- 52 = £ _____ & thereafter, annually
 - 26 = £ _____ & thereafter, half-yearly
 - 13 = £ _____ & thereafter, quarterly
 - 4.34 £ _____ & thereafter, monthly
- until further notice

Signature _____

Date _____

Cheque Payment

I wish to purchase Chance(s) each week for 13*/26*/52* weeks and enclose a cheque for £ made payable to Cornwall Hospice Care Lottery
* delete as appropriate

Thank you for joining our lottery.