

## LOTTERY APPLICATION

### Your details (Please write in block capitals)

Mr / Mrs / Miss / Ms / Other	First Name	Surname								
Address										
Town	Postcode							-		
Tel	Mobile									
Email							DOB			

I am over 16 years of age and resident in the UK

### Number of Entries Required

£4.34 every month x  = £\_\_\_\_\_ per month      £13 every 13 weeks x  = £\_\_\_\_\_ per 13 weeks

£26 every 26 weeks x  = £\_\_\_\_\_ per 26 weeks      £52 every 52 weeks x  = £\_\_\_\_\_ annually

### Payment by Cheque

I enclose a cheque made payable to: Bury Hospice Trading Limited for: \_\_\_\_\_

Chq No. \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

### Payment by Standing Order

Bank Name \_\_\_\_\_ Postcode \_\_\_\_\_

Bank Address \_\_\_\_\_

Name of Account Holder \_\_\_\_\_

Account Number										Sort Code					
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Please pay Royal Bank of Scotland, 131 Blackburn Street, Radcliffe, Manchester, M26 9WQ

For the credit of: Bury Hospice Trading Ltd

Sort Code 16-29-20

Account Number 11309373

The sum of

Commencing on \_\_\_\_\_ or immediately after if this date has past and to continue every:  
month  13 weeks  26 weeks  annually  until cancelled by me/us in writing.

Signature \_\_\_\_\_ Date \_\_\_\_\_

BANKS - PLEASE QUOTE REFERENCE NUMBERS BELOW WITH ALL PAYMENTS

Bank Reference: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**responsible**  
gambling trust



Promoter: Bury Hospice Trading Limited, Rochdale Old Road, Bury, BL9 7RG Tel: 0161 763 1893

Email: [lottery@buryhospice.org.uk](mailto:lottery@buryhospice.org.uk) Web: [www.buryhospice.org.uk](http://www.buryhospice.org.uk)

Licensed by the Gambling Commission Licence 000-005170-N-308493-003

By completing this form you are giving consent for Bury Hospice to use your data for administrative purposes related to running the lottery. We value the support we receive from our local community and take the protection of your data very seriously. We will never pass your information to anyone outside the Hospice.

Being able to contact our supporters is vital to Bury Hospice. On the basis of legitimate interest we will also use your data to send you occasional information by post about our work, in order to help us continue to care for local people, and their families. If you would prefer not to hear from us in this way, please tick:

If you are happy for us to communicate by telephone and/or email please complete below:

Tel: \_\_\_\_\_

Email: \_\_\_\_\_