

HOSPICE AT HOME LOTTERY ENTRY FORM



I/We wish to join the Lottery from 1st _____ at £24 per number per year and am/are over 16.

I/ We wish to have _____ number(s) @ £24 each and enclose **either** a signed standing order mandate

Or my cheque for £ _____ (£24 per number) made payable to Hospice at Home Carlisle & North Lakeland.

Mr/Mrs/Miss/Ms	First Name	Surname
Address		
Town	County	Post Code
Tel No.	Email	

Please return to: Hospice at Home Carlisle and North Lakeland, Fundraising Office, Federation House, Gilwilly Industrial Estate, Penrith, Cumbria, CA11 9BL

STANDING ORDER MANDATE FORM



Please complete details of your own bank **ONLY** if paying by standing order.

To: Bank / Building Society		
Address		
Town	County	Post Code
Account Name		
Sort Code:	Account No:	
<input type="text"/>	<input type="text"/>	

Payments commence on 1st _____ and to continue until further notice is given in writing.

Please pay the sum of (tick one box only)	NUMBERS						
	1	2	3	4	5	6	
<input type="checkbox"/>	24.00	48.00	72.00	96.00	120.00	144.00	each year
<input type="checkbox"/>	6.00	12.00	18.00	24.00	30.00	36.00	each quarter

Please pay: Lloyds TSB plc, 5/6 King Street, Penrith, Cumbria, CA11 7AP

For the credit of Hospice at Home Carlisle and North Lakeland Lottery Account

Sort Code 30-16-28

Account No. 00685528



Signed: _____