

SOUTHERN AREA HOSPICE SERVICES LOTTERY FORM



A BY CHEQUE / CASH / POSTAL ORDER PLEASE PRINT YOUR DETAILS BELOW

Mr / Mrs / Miss / Ms (delete as necessary) Name

Address

.....

Postcode Telephone

I am enclosing £..... Cash / Cheque / Postal Order (delete as necessary)

Notes: (a) Send a minimum of payment of £13 and help reduce hospice administration costs.
(b) Please make all cheques / postal orders out to Southern Area Hospice Services Lottery.

B BY STANDING ORDER PLEASE PRINT YOUR DETAILS BELOW

Mr / Mrs / Miss / Ms (delete as necessary) Name

Address

.....

Postcode Telephone

STANDING ORDER MANDATE – Do Not sent to your bank

To. (Your Bank Name) Bank Name

Bank AddressPostcode.....

Account Name Account No.

Sort Code/...../..... Signature Date

- | | | | |
|--------------------------|-------|--------------|----------|
| <input type="checkbox"/> | £52 | | 52 weeks |
| <input type="checkbox"/> | £26 | COMMENCING | 26 weeks |
| <input type="checkbox"/> | £13 | NOW AND PAID | 13 weeks |
| <input type="checkbox"/> | £4 | HEREAFTER | 4 weeks |
| <input type="checkbox"/> | £4.34 | EVERY | Monthly |

Entry into the lottery is based on a payment of £1 per week in advance of the lottery draw.
Standing Order payments can be either.

Please Pay: First Trust Bank Branch: 42 – 44 Hill Street Newry
Sort Code: 93 / 83 / 78
Account Name: Southern Area Hospice Services Lottery Ltd.
Account No: 215 81033

Until you receive further notice
from me / us in writing

OFFICE
USE ONLY

Round Number	ADV/PAYMENT	BANK QUOTING REFERENCE							

Please cancel any other standing order in favour of the beneficiary named above under this reference.

RETURN FORM TO:
Lottery Office, Southern Area Hospice Services, FREEPOST BEL3833, Newry, BT34 2BR