Bolton Hospice Lottery

Caring from the heart.
Playing for a reason.

Would **YOU** like the opportunity
to join the **ONLY**

Lottery Partnership

in the Bolton area where

everyone wins 3 times over!

YOU will have the chance to win up to

£1,000 every week

PLUS YOU will also be helping to support

Bolton Children's opportunity Group

(where 45p in every £1 will go)

and **YOU** will also be helping

Bolton Hospice
caring from the heart

The promoter is Bolton Hospice Lottery Ltd and the responsible person is Alice Sarah Atkinson. We are licensed with the Gambling Commission www.gamblingcommission.gov.uk. If you would like more information about responsible gambling, including how to gamble safely, please visit www.gambleaware.co.uk. All players must be aged 16 or over.

Telephone: 01204 663 077 E-mail: lotteryadmin@boltonhospice.org

Lottery Application Form

Please return this form to: **FREEPOST RTKB-LUZY-YKGJ, Bolton Hospice Lottery, Queens Park Street, Bolton BL1 4Q**
No stamp is required, however, if you decide to use one, more of your money can support the hospice.

Title: Mr / Mrs / Miss / Ms / Other *(please specify):* _____

Full Name: _____

Address: _____

_____ Postcode: _____

Home Tel: _____ Mobile: _____

E-mail: _____

I am aged 16 or over *(please tick)* : ☐ How many numbers would you like to play per week? 1 ☐ 2 ☐ 3 ☐

Payment by Direct Debit

Please select below the frequency you wish to play then complete the Direct Debit section of the form below.

Monthly £4.34 ☐ Quarterly £13 ☐ Half Yearly £26 ☐ Annually £52 ☐ *(price is per number)*

Bolton Hospice Lottery Ltd - Instruction to your Bank or Building Society

Originator's Identification Number: 2 5 4 3 4 0

Name and full postal address of your Bank or Building Society

To: The Manager
Bank/Building Society: _____

Address: _____

_____ Postcode: _____

Name(s) of Account Holder(s): _____

_____

Branch Sort Code: ☐☐☐☐☐☐ Bank/Building Society Account Number: ☐☐☐☐☐☐☐☐

Reference (For Office use only): _____

Instruction to your Bank or Building Society to pay by Direct Debit. Please pay Bolton Hospice Lottery Ltd Direct Debits from the account detailed in this Instruction subject to the safeguards assured by the Direct Debit Guarantee. I understand that this Instruction may remain with Bolton Hospice Lottery Ltd and if so details will be passed electronically to my Bank/buildng Society.

Signature: _____ Date: _____

Payment by Cheque *(Minimum £13 for 13 weeks)*

I enclose a cheque for £_____ made payable to "Bolton Hospice Lottery Ltd".

Payment by Credit/Debit Card

Please tick what frequency you would like *(price is per number)*:

Quarterly £13 ☐ Half Yearly £26 ☐ Annually £52 ☐

Automatically renew when due *(please tick)* : ☐

Please debit my payment: Visa ☐ Mastercard ☐ Maestro ☐

With regular payment until further notice *(credit card only)* :

Card number: ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ (Maestro only) ☐☐☐

Valid from: ☐☐/☐☐ Expiry date: ☐☐/☐☐ Issue Number *(Maestro)* : ☐☐

Please state amount *(minimum £13)* : £ _____

Signature: Date: _____