

JOSPICE LOTTERY APPLICATION FORM

HOW TO PAY JOSPICE

Two methods detailed below greatly reduce our administration costs & allow more funds to go directly to patient care.
PLAYERS MUST BE AGED 16 YEARS OR OVER.

1. STANDING ORDER - £4, £13, £26 or £52.

Please complete this application form and standing order mandate and return it to the Lottery Office.

2. CHEQUE/POSTAL ORDER - £13, £26 or £52.

Please complete this application form and return it with your cheque/postal order to Jospice Lottery - an automatic reminder will be issued when your funds run low. Smaller payments may be made if more convenient.

HOME CASH COLLECTION - This service is available only in certain areas. Please telephone for details.

All Jospice Lottery representatives & collectors carry identity badges.

Paid/volunteer representatives and collectors needed in many areas. Would you like to help? Yes/No

Title..... Name.....

Address.....

..... Post Code.....

Phone Number (Day)..... Mobile Number.....

Email.....

(email is the most cost-effective way for us to communicate with you)

I should like..... entries at £1 per entry per week

I prefer to pay by: Standing Order (please complete) Cheque/P.O. (please enclose)

Please send me Cyril the Squirrel* (See details listed of payment options)

I am paying £52 per entry in advance for a full year

OFFICE USE ONLY

Bank Quoting Reference/s:..... Start Date:.....

JOSPICE LOTTERY: STANDING ORDER AUTHORITY

Please complete this section with details of your own bank **only** if paying by standing order

To.....Bank PLC

Address..... Postcode.....

PLEASE PAY: HSBC Bank plc - Branch: 46 Westway, Maghull, Liverpool L31 0AD

For the credit of: St Joseph's Hospice Lottery Account No: 31324896 Sort Code: 40.31.33

THE SUM OF (please tick appropriate box)

FOR ONE ENTRY PER WEEK

£52.00 every 52 weeks

£26.00 every 26 weeks

£13.00 every 13 weeks

£4.00 every 4 weeks

FOR TWO ENTRIES PER WEEK

£104.00 every 52 weeks

£52.00 every 26 weeks

£26.00 every 13 weeks

£8.00 every 4 weeks

Please complete this section with details of your own account

Account Name..... Account No Sort Code

Signature(s) Date.....

PLEASE CANCEL ANY OTHER STANDING ORDER IN FAVOUR OF THE ABOVE NAMED BENEFICIARY UNDER THIS REFERENCE

*One Cyril Soft Toy per household

Please complete this entry form and return to:

The Fundraising Office, St Joseph's Hospice Association, Ince Road, Liverpool L23 4UE