



APPLICATION FORM

Please complete in **BLOCK CAPITALS**

Name: Mr / Ms / Mrs / Miss: _____

Address _____

Post Code: _____ Tel: _____

I should like _____ Unique Game Number(s) at £1 per number, per week.

I prefer to pay by *(please tick as appropriate)*

Please tick the adjacent box if you do not wish

St Leonard's Hospice to contact you in the future about other Promotions and Events

Office use only: _____

All players must be 16 years and over

DIRECT DEBIT (thereby greatly reducing St Leonard's Hospice's administration costs.)

(Please also complete the Direct Debit Mandate and return it to the Weekly Prize Draw Office - NOT to your bank or Building Society).

CHEQUE / POSTAL ORDER

(Please make your Cheque / Postal Order payable to: "St Leonard's Hospice Weekly Prize Draw" and send it to us together with this Application Form - minimum £8 per Unique Game Number Please, to cover entries into the first eight Weekly Prize Draws, or alternatively £13 quarterly, £26 half yearly or £52 annually.)

HOME CASH COLLECTION

when and where available

(Your local St Leonard's Hospice Weekly Prize Draw Representative will call at regular five-weekly intervals to collect your next payment.)

Post to:

St Leonard's Hospice Weekly Prize Draw Office,
185 Tadcaster Road, York YO24 1GL