

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.)*

Post to:

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

DIRECT DEBIT MANDATE

For **ONE** number per week:

£4.34	Monthly	<input type="text"/>
£13	Quarterly	<input type="text"/>
£26	Half-Yearly	<input type="text"/>
£52	Annually	<input type="text"/>

For **TWO** numbers per week:

£8.68	Monthly	<input type="text"/>
£26	Quarterly	<input type="text"/>
£52	Half-Yearly	<input type="text"/>
£104	Annually	<input type="text"/>

For _____ numbers per week:

£__	Monthly	<input type="text"/>
£__	Quarterly	<input type="text"/>
£__	Half-Yearly	<input type="text"/>
£__	Annually	<input type="text"/>

Instruction to your Bank or Building Society to pay by Direct Debit.

Name and full postal address of your Bank / Building Society



Originator's Identification Number

6	8	9	7	9	9
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To the Manager

Bank / Building Society

Address of Bank / Building Society

Postcode

Name(s) of account holder

Branch sort code

- -

Bank / Building Society account number

Reference (to be completed by St Leonard's Hospice)

Instruction to your Bank or Building Society

Please pay DD Pay Ltd re **St Leonard's Hospice** Weekly Prize Draw 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 DD Pay Ltd re **St Leonard's Hospice** Weekly Prize Draw and if so details will be passed electronically to my Bank / Building Society.

Signature(s) <input type="text"/>	Date <input type="text"/>
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Banks and Building Societies may not accept Direct Debit Instructions for some types of account

