Players must be 16 years or over

Application Form

Yes, I would like to play the Treetops Hospice Weekly Lottery.

TREETOPS HOSPICE
where every day counts

Lottery Hotline
0115 949 6936
www.treetopshospice.org.uk

Name | Mr/Mrs/Miss/Ms Initials

Address

Postcode | Tel No.

Email

Date of birth

I would like 1 ☐ 2 ☐ 3 ☐ entries at £1 per entry per week paid by:

☐ Standing Order (please complete) ☐ Cheque/P.O. (please enclose) ☐ Credit Card (please complete)

TREETOPS FUNDING LTD • STANDING ORDER AUTHORITY

COMPLETE THIS SECTION WITH DETAILS OF YOUR **OWN** BANK ONLY IF PAYING BY STANDING ORDER

To

Address

Postcode

PLEASE PAY Alliance & Leicester

For the credit of TREETOPS FUNDING LTD

Account No. 97906181 Sort Code 72-00-05

PLEASE COMPLETE THIS SECTION WITH DETAILS OF YOUR OWN ACCOUNT

Account Name

Account No. | Sort Code

PLEASE COMPLETE THIS SECTION IF PAYING BY CREDIT CARD

Name on card

Credit Card No.

Expiration Date MM YY 3 Digit Security Code

Card Type

BANK USE

Bank Quoting References/s

OFFICE USE ONLY

Round	Payment

THE SUM OF (please tick appropriate box)

One entry per week	Two entries per week	Three entries per week
☐ £52.00 every 52 wks	☐ £104.00 every 52 wks	☐ £156.00 every 52 wks
☐ £26.00 every 26 wks	☐ £52.00 every 26 wks	☐ £78.00 every 26 wks
☐ £13.00 every 13 wks	☐ £26.00 every 13 wks	☐ £39.00 every 13 wks
☐ £4.00 every 4 wks	☐ £8.00 every 4 wks	☐ £12.00 every 4 wks

Payments to commence immediately and continue until you receive further notice from me/us in writing

PLEASE SIGN AND DATE THE FORM

Signature(s)

Date

Please return to: Treetops Hospice Lottery, Freepost DY290, Derby Road, Risley Derbyshire DE72 3JY

If you have problems with gambling or know someone who does, call the GAMCARE helpline on 0845 6000 133 or visit www.gamcare.org.uk