

# HOSPICE AT HOME LOTTERY



I / We wish to join / renew my / our membership of the Lottery from 1<sup>st</sup> \_\_\_\_\_ 2010 at £24 per number per year and am / are over 16.

I/ We wish to have \_\_\_\_\_ number(s) @ £24 each and enclose

Either a signed standing order mandate

Or my cheque for £\_\_\_\_\_ (£24 per number)  made payable to Hospice at Home Carlisle & North Lakeland.

Mr/Mrs/Miss/Ms	First Name	Surname
Address		
Town	County	Post Code
Tel No.	Email	

**Please return to:** Hospice at Home Carlisle and North Lakeland  
Fundraising Office, Federation House, Gilwilly Industrial Estate  
Penrith, Cumbria CA11 9BL

## STANDING ORDER AUTHORITY FOR THE LOTTERY



Please complete details of your own bank **ONLY** if paying by standing order.

To:	Bank / Building Society	
Address		
Town	County	Post Code
Account Name		
Sort Code:	Account No:	
<input type="text"/>	<input type="text"/>	

Payments commence on 1<sup>st</sup> \_\_\_\_\_ 2010 and to continue until further notice is given in writing.

	NUMBERS						
	1	2	3	4	5	6	
Please pay the sum of (tick one box only)	<input type="checkbox"/> £24	<input type="checkbox"/> £48	<input type="checkbox"/> £72	<input type="checkbox"/> £96	<input type="checkbox"/> £120	<input type="checkbox"/> £144	each year
	<input type="checkbox"/> £6	<input type="checkbox"/> £12	<input type="checkbox"/> £18	<input type="checkbox"/> £24	<input type="checkbox"/> £30	<input type="checkbox"/> £36	each quarter
Please pay: Lloyds TSB Plc Branch: 5/6 King Street, Penrith, Cumbria CA11 7AP							
For the credit of Hospice at Home Carlisle and North Lakeland Lottery Account:							
Sort Code:	<input type="text"/>			Account No:	<input type="text"/>		
Signature:							