



Charity Name

St Clare's Hospice - Jarrow

1 Your Details (please print in block capitals)

Title. First Name.

Surname.

Address.

Postcode.

Tel. Mobile.

D.O.B. If you would like to receive correspondence via email, please tick here

Email.

2 Payment Frequency

How many entries would you like each week.

How often do you want to pay. (Please tick payment frequency & write amount in box)

Monthly / £4.34 Direct Debit Only

Every 13 Wks / £13

Every 26 Wks / £26

Every 52 Wks / £52

X

=

Total Payable

3 Select your Payment Method

Please fill in the form and return to Unity.
Freepost RLZR - GSYJ - KSZA BARROW-IN-FURNESS LA14 2PE
Name and Full postal address of your Bank or Building Society.

To. The Manager Bank / Building Society

Address.

Postcode

Name(s) of Account Holder(s)

Branch Sort Code.

Bank / Building Society account number

Banks and Building Societies may not accept Direct Debit instructions for some types of account. DD15

Payment by Cheque I enclose a Cheque made payable to Unity (minimum payment £13)

unity **Instruction to your Bank or Building Society to pay by Direct Debit**

Service User Number **4 2 1 1 0 2**

Reference.

Instruction to your Bank or Building Society
Please pay Unity 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 Unity and, if so, details will be passed electronically to my Bank / Building Society.

Signature.

Date.

4 Your Consent to Play (I confirm I am over 16 and resident in G.B.)

Signature. Date.

For office use only.

If you would prefer not to receive other forms of communication from your chosen society, please tick here