The promoter of this lottery is: Deafblind UK, National Centre for Deafblindness, Paston Ridings, Paston, Peterborough, PE4 7UP

> Monthly / £4.34 Direct Debit only

Every 13 wks / £13

Every 26 wks / £26

Every 52 wks / £52

Total amount payable:

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1. Your details (please print in block capitals)

2. Payment frequency

(Each entry costs £1 per week)

How often do you

want to pay? (Please tick payment frequency & write amount in box)

How many entries would you like each week?

Title:	First Name:
Surname:	
Address:	
	Postcode:
Tel:	Mobile:
D.O.B:	
Email:	

If you do not wish your name to be publicised if you win, please tick here

If you would like to receive lottery correspondence via email, please tick here

3. Select your payment method

Payment by Direct Debit

Please fill in the form and return to Unity

Name(s) of Account Holder(s):			
Branch Sort Code:			
Bank/Building Society account number:			
Instruction to your Bank or Building Socie Please pay Unity from the account detailed	nstructio	nsubject	t 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.

Payment by Cheque

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

Please indicate how you would like to receive updates from your chosen cause:		e updates from	5. Your consent to play (I confirm I am over 18 and a resident of GB) Signature:	18+
Email	Yes	No		
Post	Yes	No	Date:	
Mobile Phone	Yes	No		
SMS	Yes	No	For office use only:	

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Freepost RLZR-GSYJ-KSZA The Unity Lottery Furness Gate Peter Green Way Furness Business Park Barrow-in-Furness LA14 2PE

Need assistance? Get in touch:

Tel: 0370 050 9240 | Email: info@unitylottery.co.uk Web: www.unitylottery.co.uk

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GambleAware

Need support on problem gambling? Visit **begambleaware.org**

Banks and Building Societies may not accept Direct Debit instructions for some types of accounts

uniŤÝ	Instruction to your Bank or Building Society to pay by Direct Debit						
Service User Number:		4	2	1	1	0	2
Reference: (For office use only)							
Signature:							
Date:							

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