Cause name:

Hampshire Medical Fund

Cause registration number:

This lottery is licensed by:

Basingstoke and Dean Borough Council

Licence reference:

15/01196/LOTREN

The promoter of this lottery is:

Hampshire Medical Fund, Basingstoke Hospital, Aldermaston Road, Basingstoke, Hampshire RG24 9NA

Title:	First Name:		How many entries would yo	u like each week?	
Surname:			(Each entry costs £1 per we		
Address:				Monthly / £4.34	v
4001 033.			100 0 200 0 200 00	Direct Debit only	X
			How often do you want to pay?	Every 13 wks / £13	
	Postcode:		(Please tick payment frequency & write amount in box)	Every 26 wks / £26	
Tel:	Mobile:		amountmooxy		
D.O.B:				Every 52 wks / £52	=
Email:				Total amount payable:	
If you do not	wish your name to be n	ublicised if you win, please tick here		i otai amount payable.	
		orrespondence via email, please tick			
. Select you	r payment meth	od	Banks and Building Societie	es may not accept Direct Debit	
		nod	Banks and Building Societie instructions for some type	es may not accept Direct Debit s of accounts	
Payment t	y Direct Debit		instructions for some type:	es may not accept Direct Debit s of accounts truction to your Bank or Building ciety to pay by Direct Debit	DIRE
Payment to Please fill in the fo	by Direct Debit		instructions for some type:	s of accounts truction to your Bank or Building ciety to pay by Direct Debit	Direction
Payment to Please fill in the fo	by Direct Debit		instructions for some type: Instructions for some type: Instructions for some type:	s of accounts truction to your Bank or Building	Direction of the control of the cont
Payment by Please fill in the for Name(s) of Account	by Direct Debit		instructions for some type: Instructions for some type: Instructions for some type: Service User Number: Reference: (For office	s of accounts truction to your Bank or Building ciety to pay by Direct Debit	•
Payment be Please fill in the for Name(s) of Accounts are another than the formal than the for	by Direct Debit		Instructions for some type: Instructions for	s of accounts truction to your Bank or Building ciety to pay by Direct Debit	•
Payment be Please fill in the for Name(s) of Account in anch Sort Code: stank/Building Socianstruction to you	by Direct Debit form and return to Unity fint Holder(s): fiety account number: fur Bank or Building Soo	ciety	instructions for some type: Instructions for some type: Instructions for some type: Service User Number: Reference: (For office	s of accounts truction to your Bank or Building ciety to pay by Direct Debit	•
Payment be please fill in the for Name(s) of Account and Sort Code: sank/Building Sociative for the safeguards assets as safeguards as safegua	oy Direct Debit orm and return to Unity int Holder(s): iety account number: ur Bank or Building Sorom the account details ured by the Direct Debi	ci ety ed in this instruction subject to it Guarantee. I understand that	Instructions for some type: Instructions for	s of accounts truction to your Bank or Building ciety to pay by Direct Debit	•
Payment by the safeguards assisting the safeguards assisting to the safeguards assisting the saf	oy Direct Debit orm and return to Unity int Holder(s): iety account number: ur Bank or Building Sorom the account details ured by the Direct Debi	ciety eed in this instruction subject to it Guarantee. I understand that nd, if so, details will be passed	Instructions for some type: Instructions for	s of accounts truction to your Bank or Building ciety to pay by Direct Debit	•
Payment be Please fill in the for Name(s) of Account or anch Sort Code: rank/Building Sociative for the Safeguards asset his instruction management.	oy Direct Debit from and return to Unity int Holder(s): iety account number: ur Bank or Building So rom the account detail sured by the Direct Deb ay remain with Unity ar by Bank/Building Societ	ciety ed in this instruction subject to it Guarantee. I understand that Id, if so, details will be passed y.	Instructions for some type: Instruction for some type: In	truction to your Bank or Building ciety to pay by Direct Debit 4 2 1 1	•
Payment be Please fill in the for Name(s) of Account of	oy Direct Debit from and return to Unity int Holder(s): iety account number: ur Bank or Building So rom the account detail sured by the Direct Deb ay remain with Unity ar by Bank/Building Societ	ciety ed in this instruction subject to it Guarantee. I understand that Id, if so, details will be passed y.	Instructions for some type: Instruction for some type: In	truction to your Bank or Building ciety to pay by Direct Debit 4 2 1 1	•
Payment be Please fill in the for Name(s) of Account and Sort Code: Bank/Building Social and Payment be safeguards as this instruction malectronically to make the safeguards as the safeguards	oy Direct Debit from and return to Unity int Holder(s): iety account number: ur Bank or Building So rom the account detail sured by the Direct Deb ay remain with Unity ar by Bank/Building Societ	ciety ed in this instruction subject to it Guarantee. I understand that Id, if so, details will be passed y.	Instructions for some type: Instructions for some type: Instructions for some type: Instructions for some type: Service User Number: Reference: (For office use only) Signature: Date: Date: Date: 5. Your consent to	truction to your Bank or Building ciety to pay by Direct Debit 4 2 1 1 13)	0 2
Payment by	py Direct Debit rm and return to Unity int Holder(s): iety account number: ur Bank or Building Socrom the account details ured by the Direct Debi ay remain with Unity ar ny Bank/Building Societ by Cheque	ciety ed in this instruction subject to it Guarantee. I understand that Id, if so, details will be passed y. I enclose a Cheque made	Instructions for some type: Instructions for some type: Service User Number: Reference: (For office use only) Signature: Date:	truction to your Bank or Building ciety to pay by Direct Debit 4 2 1 1 13)	•
Payment by Please fill in the for Name(s) of Accountanch Sort Code: ank/Building Social struction to you lease pay Unity if the safeguards asset his instruction malectronically to make the safeguards as the saf	py Direct Debit from and return to Unity int Holder(s): iety account number: ur Bank or Building Sor from the account details ured by the Direct Debi ay remain with Unity and by Bank/Building Societ by Cheque act preferences w you would like to reces	ciety ed in this instruction subject to it Guarantee. I understand that nd, if so, details will be passed ry. I enclose a Cheque made p	Instructions for some type: Instructions for some type: Instructions for some type: Instructions for some type: Service User Number: Reference: (For office use only) Signature: Date: Date: Date: 5. Your consent to	truction to your Bank or Building ciety to pay by Direct Debit 4 2 1 1 13)	0 2
Payment by Please fill in the formal Please fill in the safeguards as the safe	py Direct Debit rm and return to Unity int Holder(s): iety account number: ur Bank or Building Socrom the account details sured by the Direct Debiay remain with Unity ar yy Bank/Building Societ by Cheque act preferences w you would like to reces Yes	ciety ed in this instruction subject to it Guarantee. I understand that nd, if so, details will be passed y. I enclose a Cheque made p	Instructions for some type: Instructions for some type: Social Service User Number: Reference: (For office use only) Signature: Date: Date: 5. Your consent to (I confirm I am over 18 and Signature:	truction to your Bank or Building ciety to pay by Direct Debit 4 2 1 1 13)	0 2
Payment be please fill in the formame(s) of Accountanch Sort Code: ank/Building Social struction to you lease pay Unity fine safeguards asshis instruction milectronically to make the safeguards asshis instruction milectronically to make the safeguards as the safeg	py Direct Debit from and return to Unity int Holder(s): iety account number: ur Bank or Building Sor from the account details ured by the Direct Debi ay remain with Unity and by Bank/Building Societ by Cheque act preferences w you would like to reces	ciety ed in this instruction subject to it Guarantee. I understand that nd, if so, details will be passed ry. I enclose a Cheque made p	Instructions for some type: Instructions for some type: Service User Number: Reference: (For office use only) Signature: Date: Date: 5. Your consent to (I confirm I am over 18 and	truction to your Bank or Building ciety to pay by Direct Debit 4 2 1 1 13)	0 2

ժիրթկանկերդութիդրկի

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

Unity is operated by Sterling Management Centre Limited. Sterling Management Centre is licensed and regulated in Great Britain by the Gambling Commission under account number 3137.

Gamble Aware

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