

Cause name:
Leukaemia Busters
Cause registration number:
1157147

This lottery is licensed by:
Southampton City Council
Licence reference:
LL06/1545

The promoter of this lottery is:
Leukaemia Busters, Mail Point 3,
Southampton General Hospital,
Southampton, SO16 6VD

1. Your details (please print in block capitals)

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

2. Payment frequency

How many entries would you like each week?
(Each entry costs £1 per week)

<input type="checkbox"/> Monthly / £4.34 Direct Debit only	}	X
<input type="checkbox"/> Every 13 wks / £13		
<input type="checkbox"/> Every 26 wks / £26		
<input type="checkbox"/> Every 52 wks / £52		

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

Total amount payable:

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 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.

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

unity

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:

Payment by Cheque

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

4. Your contact preferences

Please indicate how you would like to receive updates from your chosen cause:

Email	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Post	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Mobile Phone	<input type="checkbox"/> Yes	<input type="checkbox"/> No
SMS	<input type="checkbox"/> Yes	<input type="checkbox"/> No

5. Your consent to play

(I confirm I am over 18 and a resident of GB)



Signature:

Date:

For office use only:

Freeport 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