

**Cause name:**  
**Suffolk Oxygen Therapy Centre**  
**Cause registration number:**  
**299511**

**This lottery is licensed by:**  
**Mid Suffolk District Council**  
**Licence reference:**  
**MSLo197**

**The promoter of this lottery is:**  
**Suffolk Oxygen Therapy Centre,**  
**Unit 27, Claydon Business Park,**  
**Gipping Road, Great Blakenham,**  
**Suffolk, IP6 0NL**

### 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)

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

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

**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



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](http://begambleaware.org)