

Cause name:
NHS Tayside Charitable Foundation
Cause registration number:
SCO11042

This lottery is licensed by:
Dundee City Council
Licence reference:
557

The promoter of this lottery is:
Tayside Health Fund, Fundraising
Support Office, Level 7, Main
Concourse, Ninewells Hospital,
Dundee, Tayside, DD1 9SY

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)

- ☐ Monthly / £4.34
Direct Debit only
- ☐ Every 13 wks / £13
- ☐ Every 26 wks / £26
- ☐ Every 52 wks / £52

X

=

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:



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**