Cause name: **The Maltings Cause registration number:**

The promoter of this lottery is: Dr Miles Gregory, The Maltings Theatre, Eastern Lane, Berwickupon-Tweed, TD15 1AJ

1. Your details (please print in block capitals)

	2. Pa	yment frequency
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Title:	First Name:	How many entries would you lil		
Surname:		(Each entry costs £1 per week)	·	
Address:			Monthly / £4.34 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:		Every 52 wks / £52	_
D.O.B:			LVCI y 52 WK5 7 252	-
Email:			Total amount payable:	
If you do not wish you	r name to be publicised if you win, please tick here			
If you would like to ree	ceive lottery correspondence via email, please tick he	re		

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	truction s	ubject 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.

Pay	ment	by	Cheq	ue
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I enclose a Cheque made payable to Unity (minimum payment £13)

4. Your contact Please indicate how you 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 ᡒᠵ

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

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