

**Cause name:**  
**York & Scarborough Hospitals  
Charity**

**Cause registration number:**  
**1054527**

**This lottery is licensed by:**  
**City of York Council**

**Licence reference:**  
**011882**

**The promoter of this lottery is:**  
**Rachel Brook, York Hospital,  
Wigginton Road, York, YO31 8HE**

### 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 **X**  
☐ Every 13 wks / £13  
☐ Every 26 wks / £26  
☐ Every 52 wks / £52 **=**

**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](mailto:info@unitylottery.co.uk)

**Web:** [www.unitylottery.co.uk](http://www.unitylottery.co.uk)

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**GambleAware**

Need support on problem gambling?  
Visit [begambleaware.org](http://begambleaware.org)