

Charity name:

The Butterfly Hospice Trust

Charity Number: 1113697

The promoter of this lottery is:

Linda Sanderson
Rowan Way
Boston
Lincs., PE21 9DH

Registering authority:

Boston Borough Council

Registration number:

B784

1. Your details (please print in block capitals)

Title:	First name:
Surname:	
Address:	
Postcode:	
Tel:	Mobile:
Date of Birth:	
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. The draw takes place every Saturday)

- How often do you want to pay?
(Please tick the payment frequency and write the amount in the box.)
- Every Month (£4.34) (Direct Debit only) **X**
- Every 13 Weeks (£13) **_____**
- Every 26 Weeks (£26) **_____**
- Every 52 Weeks (£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



Instruction to your Bank or Building Society to pay by Direct Debit



Service User Number **4 2 1 1 0 2**

Reference: _____

Signature: _____

Date: **DD/MM/YYYY**

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 charity:

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

5. Your consent to play

(I confirm I am over 16 and a resident of GB)



Signature: _____

Date: **DD/MM/YYYY**

OFFICE USE ONLY

Freepost RLZR-GSYJ-KSZA
The Unity Lottery
BARROW-IN-FURNESS
LA14 2PE



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www.unitylottery.co.uk