

Charity name:
Multiple Sclerosis Therapy Centre

Norfolk

Charity Number: 131940

The promoter of this lottery is:

Multiple Sclerosis Therapy Centre
5 Hurricane Way
Norwich
NR6 6EZ

Registering authority:
Norwich City Council

Registration number:
13/01083/LOTT

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)

Every Month (£4.34)
(Direct Debit only)

X

How often do you want to pay?

(Please tick the payment frequency and write the amount in the box.)

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

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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