

# By standing order

Please use this method to pay for your chances in our Lottery, so more of your £1 goes to help our patients.

Title:  Mr  Mrs  Miss  Ms  Other

First name: \_\_\_\_\_

Surname: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Postcode: \_\_\_\_\_ Telephone: \_\_\_\_\_

Email: \_\_\_\_\_ I confirm I am over 16

Please pay St Helena Hospice. Account Number 48171271 Sort Code 60 06 06

Your Bank

Bank Address

Account Name

Account No.

Sort Code

Quoting Ref:

To be completed by the Hospice

Number of chances per week at £1 per chance

## I would like to pay:

- **Monthly at** £4.34 →
- **Quarterly at** £13.00 →
- **Six monthly at** £26.00 →
- **Annually at** £52.00 →

Please tick

Total payment due  £

Signature \_\_\_\_\_

Date of 1st Payment \_\_\_\_\_  
and thereafter until further notice

St Helena Hospice is registered under the data protection act 1998. Your details will not be disclosed to any third party but we may, from time-to-time, send you news about St Helena Hospice. If you would prefer not to receive this information,  please tick the box.

**Please complete and return to:**  
**St Helena Hospice**  
**Lottery Office,**  
**95-97 Magdalen St,**  
**Colchester,**  
**CO1 2LA**

