



lottery hotline  
**01323 210222**

[lottery@stwhospice.org](mailto:lottery@stwhospice.org)

[www.stwhospice.org](http://www.stwhospice.org)

St Wilfrid's Hospice, 2-4 Mill Gap Road  
Eastbourne, East Sussex BN21 2HJ

Tel: 01323 644500

Registered Charity No. 283686

Promoter: St Wilfrid's Hospice (Eastbourne)

Person responsible: N Whines

St Wilfrid's Hospice (Eastbourne) is licensed by the Gambling Commission

[www.gamblingcommission.gov.uk](http://www.gamblingcommission.gov.uk)

# Support YOUR LOCAL Hospice

*Join our lottery today*



WIN UP TO  
**£500**  
PER WEEK



*Help us be here if you need us*



# Application for Membership of the St Wilfrid's Hospice Lottery

## SECTION 1 - PAYMENT METHOD

Standing Order:  (Please complete sections 2 & 3)

Regular Cheque:  (Please complete section 3) Amount of Cheque .....

Please make cheques payable to :- St Wilfrid's Trading Ltd Lottery

## SECTION 2 - STANDING ORDER DETAILS

Please note: Some banks do not accept Standing Orders on certain types of account

Please tick one of the following:

Single Membership (1 Ticket)    £4.34 Monthly     £13 Quarterly     £52 Annually

Double Membership (2 Tickets)    £8.68 Monthly     £26 Quarterly     £104 Annually

To ..... Bank (your bank)

Address .....

..... Postcode .....

Please pay to Barclays Bank  
A/C No. 73880036 SORT CODE 20-27-91  
For Credit of: St Wilfrid's (Eastbourne) Lottery

**Note to Bank** Office use only - Ref No.

**Please include  
the Ref No.** .....

Standing Order to start ..... / ..... / ..... and to continue until further notice

Account Holder Name (s) .....

Bank/Building Society Account Number

--	--	--	--	--	--	--	--

Branch Sort Code

		-			-		
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Signature of Account Holder(s)  
(Please Sign Below)

## SECTION 3 - NAME AND ADDRESS

(Please write clearly in block capitals)

Name .....

Address .....

.....

..... POSTCODE .....

Tel No. ....

**Please include the Postcode**

Email .....

Name of the second member (if different) .....