

First Prize **£1,000**

The Hospice Lottery draw takes place **once a month** and winners will be notified by post and on the website www.haltonhaven.org.uk



Your Personal Details (Please print in block capitals):

Title: _____ First name: _____ Surname: _____
 Address: _____
 Postcode: _____ Telephone No: _____ Email Address: _____
 Date of Birth: ____ / ____ /19____

Data Protection: We'd like to stay in touch with you from time to time about our charitable activities and fundraising.
 Your details are NEVER sold on to any third parties. If you would like to OPT-IN please let us know by placing a TICK in this box.

Payment Options:

I wish to pay my subscription by DIRECT DEBIT. Please choose by ticking ONE option below, how many lottery numbers per month you would like and how often you would like to pay for them.

Membership/Payment: Please select option A or B

Option A <input type="checkbox"/> Lottery only	OR	Option B <input type="checkbox"/> Lottery + Regular Donation																																								
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Consent to play:

By signing I confirm that I am over 16 years old. I am a resident in the UK and would like to play your monthly lottery paying by direct debit until further notice.

Signature _____ Date ____ / ____ / ____

I want to Gift Aid this donation and any donations I make in the future or have made in the past 4 years to Halton Haven Hospice:

I am a UK taxpayer and understand that if I pay less Income Tax and/or Capital Gains Tax than the amount of Gift Aid claimed on all my donations in that tax year it is my responsibility to pay any difference.

please notify the charity want to cancel this declaration change your name or home address no longer pay sufficient tax on your income and/or capital gains

If you pay Income Tax at the higher or additional rate and want to receive the additional tax relief due to you, you must include all your Gift Aid donations on your Self-Assessment tax return or ask HM Revenue and Customs to adjust your tax code.

Direct Debit Instruction:

Instruction to your bank or building society to pay by Direct Debit
 Please complete this form in full to ensure your Direct Debit is set up.

Bank name along with FULL Address: _____

 Bank Post Code: _____
 Name(s) of account holder(s): _____

Bank Account Number:

Sort Code:

Service user number



(Office use only) Direct Debit Reference

Instruction to your bank or building society
 Please pay RSM2000 re Halton Haven Hospice Direct Debits 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 RSM2000 re Halton Haven Hospice and, if so, details will be passed electronically to my bank/building society.

Signature _____ Date: ____ / ____ / ____

The Direct Debit Guarantee. This Guarantee is offered by all banks and building societies that accept instructions to pay Direct Debits. If there are any changes to the amount, date or frequency of your Direct Debit, RSM2000 re Halton Haven Hospice will notify you 10 working days in advance of your account being debited or as otherwise agreed. If you request RSM2000 re Halton Haven Hospice to collect payment, confirmation of the amount and date will be given to you at the time of request. If an error is made in the payment of your Direct Debit, by RSM2000 re Halton Haven Hospice or your bank or building society you are entitled to a full and immediate refund to the amount paid from your bank or building society. If you receive a refund you are not entitled to, you must pay it back when RSM2000 re Halton Haven Hospice asks you to. You can cancel a Direct Debit at any time by simply contacting your bank or building society. Written confirmation may be required. Please notify us.