## **Lottery Application Form**

All profits from the lottery will go towards our expert and compassionate care.

Thank you for helping us be there when it matters.



1. Your details	(please print in block capitals)		
Title:	First name:		
Surname:	Date of birth:		
Home address:			
	Postcode:		
Landline:	Mobile:		
Email:			
	month £8.68 every month £13.02 every month £17.36 every month		
3. Your conse	nt to play (I confirm I am 18 or over and resident of GB)  D D / M M / Y Y		
<ul> <li>4. Your contact preferences</li> <li>Your support helps Sue Ryder provide palliative, neurological and bereavement support. We'd love to keep in touch with you to tell you about our work and how you can support it:</li> <li>We will only contact you electronically if you agree to be contacted in this way. Please tick the relevant box if you'd like to receive:</li> </ul>			
email	text message		
, ,	ou by post or by telephone unless you have asked not to be contacted. If you would prefer not to be vay please tick the relevant box: I do not want to be contacted by:		
post	telephone		
You can change y	s about how we use and protect your information, please view our privacy policy at sueryder.org/privacy. your contact preferences, request a copy of our privacy policy or ask any questions by contacting ueryder.org or 0808 164 4572.		

The Sue Ryder Lottery is run and managed by Sue Ryder Lottery Limited which covenants all of its taxable profits to the charity Sue Ryder. Responsible Person(s) Mr Kevin Richmond & Mrs Heidi Travis, Sue Ryder Lottery Limited, 183 Eversholt St, London, NW1 1BU. Players must be 18 and over. Tickets cost £1 each.

5. Payment details  Payment by cheque  I enclose a cheque made payable to Sue Ryder Lottery Limited (minimum payment £13)  Direct Debit Name and full postal address of your Bank or Building Society:			
Postcode    Bank/building society account number   Banks and Banks	Service user number    B   3   7   0   6   8	DD23	
For Sue Ryder use only: WDL23  For office use only:			



