Lottery Membership Application

If you require any assistance completing this application form, please telephone Lynne on 01622 833821, who will be delighted to assist you.

1. Your Details (PLEASE PRINT IN BLOCK CAPITALS)

Mr/Mrs/Miss/Other_____First name _____

Surname _____

Address _____

_____

_____County_____

Postcode _____ Telephone No. _____

*Date of Birth _____ *Occupation _____

I confirm I am 16 years of age or over

Signature _____

2a. Regular Lottery

I would like to purchase _____ chance(s) per week in the Regular Lottery

If you now wish to join our Superdraw, please complete section 2b. If you only want to join the Regular Lottery, please go straight to section 3.

2b. Superdraw

I have purchased _____weekly chance(s) in the Regular Lottery and would also like to purchase _____ chance(s) in the Superdraw. (For every chance you have in the Regular Lottery you may, if you wish, have one chance in the Superdraw).

My chosen lucky numbers are * ____ ____ ____ ____

If you are purchasing more than one chance in the Superdraw, please send your other lucky number combinations on a separate sheet.

** If your chosen combination is not available, our computer will automatically select the nearest combination for you.*

3. Your Payment

Your total payment is **£1 per week for every chance in each Lottery**, e.g. If you have one chance in the Regular Lottery and one chance in Superdraw, your total payment is £2 per week.

You may pay by Cheque, Credit/Debit Card or Direct Debit.

Cheque/Postal Order

I enclose cheque for £_____

(Suggested minimum 13 weeks)

Please make cheque payable to 'Air Ambulance Promotions Ltd'

Credit/Debit Card

I authorise payment of £_____*Visa, Mastercard, Maestro, Delta, Solo, Electron*

(Suggested minimum 13 weeks)

Card No ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐

Start Date___ /___ Expiry Date___ /___ Issue No (Maestro)___

Cardholder's Name (please print)

_____

Cardholder's Signature

_____ Date _____

Please return your completed form (with cheque, if applicable) to:

FREEPOST AIR AMBULANCE PROMOTIONS

No stamp or other address details required

How did you receive this leaflet? *(tick one box)*

☐ By Post ☐ At an event ☐ At local shop/business

Instruction to your Bank or Building Society to pay by Direct Debit

DIRECT Debit

Air Ambulance
saving time - saving life

Originator's Identification Number

6	8	3	8	7	6

Name(s) of Account Holder(s)

Bank/Building Society Account Number

Branch Sort Code

Name and full postal address of your Bank or Building Society

To: The Manager — Bank/Building Society

Address

Postcode

Reference Number (FOR OFFICE USE ONLY)

FOR AIR AMBULANCE PROMOTIONSA LTD OFFICIAL USE ONLY
This is not part of the instruction to your Bank or Building Society

Each chance in each lottery costs £1 per week

I wish to buy ____ chance(s) each week in the Regular Lottery
And pay: ☐ 4-Weekly ☐ Quarterly ☐ Annually
I would also like to buy ____ chance(s) each week in the Superdraw

Instruction to your Bank or Building Society
Please pay Air Ambulance Promotions Ltd. Direct Debits from the Account detailed in this Instruction subject to the safeguards assured by the Direct Debit Guarantee. I understahnd that this Instruction may remain with Air Ambulance Promotions Ltd. and, if so, details will be passed Electronically to my Bank/Building Society.

Signature(s)

Date

Banks and Building Societies may not accept Direct Debit instructions from some types if account.