

Lottery Application Form

Please complete in BLOCK CAPITALS

Name: Mr/Mrs/Miss/Ms _____ Initials _____ Surname _____

Address: _____

Postcode: _____

I am over 16 years old (please tick)

Telephone: _____ Mobile: _____

Email: _____ Date Of Birth: ___/___/___

CISS will use these details for the administrative purposes of the Lottery and will NEVER pass these details on to third parties.

CISS would like to keep you informed of the work of the charity - new events, activities etc.

If you do not wish to receive updates from CISS please tick here

PAYMENTS BY STANDING ORDER

Please complete and return to CISS (not your bank)

Name of your bank _____

Address of your bank _____

Postcode _____

Please send your completed form to:

Ian Addison - Charity Manager

CISS, 2-2A Gwydr Crescent, Uplands,
Swansea SA2 0AA

or please hand into one of our charity shops.

Thank you for your support!

Name of account holder(s): _____

A/C Number:

Sort Code:

Please pay 'Cancer Information and Support Services Charity Lottery Account'

Account No. 83108007 - Sort Code 20 84 41 the sum of (please indicate appropriate amount below)

Total number of entries x £52 once per year (annually) = £ _____

x £5 once per month (monthly) = £ _____

Commencing _____ (Date of first payment)

And thereafter monthly /annually * until further notice in writing, and debit my account accordingly.

*Please delete where appropriate

Signature: _____

Date: _____

City and County of Swansea Lottery Registration reference. GASJ030775

Registered Charity No: 1142883 Limited by Guarantee. Registered in England and Wales Number: 7080573