

Friends of Les Bourgs Hospice Lottery Registration Form

I Title/Full Name: _____

Telephone: _____ Email: _____

I wish to make a gift for: (only complete if the lottery entry is a gift for somebody else)

Title/Full Name: _____

Address: _____

Postcode: _____

Telephone: _____ Email: _____

**I wish to participate in the monthly draw of the Les Bourgs Hospice Lottery.
I am/this person is over the age of 16 (tick box to confirm)**

Signed: _____ on this date: / /

Lottery Club Number (Hospice use only)

Data is retained for sole use by the Hospice. Please tick box if you do not wish to receive additional information:

Banker's Order Form

Lottery Club Number:

Note to Bank: Please ensure this payment reference is quoted on all payments.

I Title/Full Name: _____

Of (Address): _____

Postcode: _____

Pay to NatWest Bank PLC (60-09-20) St Peter Port, Guernsey, GY1 4BQ for the credit of the Friends of Les Bourgs Hospice Lottery Club (Account 74296760) the sum of: £5 Monthly or £60 Yearly (Please tick amount)

To be debited on the first working day of the month commencing on: _____

This payment is to be made until further notice or until: / / Specify date of final payment if applicable. (Minimum of 12 months)

Signed: _____ Today's date: _____

To: (Name of Bank) _____

Of: (Address of Bank) _____

Postcode: _____

Sort Code

Account Number:

Please ensure ALL alterations are initialled.

When completed please return the WHOLE of this form to: The Fundraising Administrator, Les Bourgs Hospice, Andrew Michell House, Rue du Tertre, St Andrews, Guernsey, Channel Islands, GY6 8SF (Company Limited by Guarantee 56125).
Promoter: Jack Honeybill, Jacinthe, Bukit Estate, St Sampson, Guernsey, GY2 4GF