

Charity Name

Sightsavers International



1 Your Details (please print in block capitals)

Title. First Name.

Surname.

Address.

Postcode.

Tel. Mobile.

D.O.B. If you would like to receive correspondence via email, please tick here

Email.

2 Payment Frequency

How many entries would you like each week.

How often do you want to pay. (Please tick payment frequency & write amount in box)

Monthly / £4.34 Direct Debit Only

Every 13 Wks / £13

Every 26 Wks / £26

Every 52 Wks / £52

X

=

Total Payable

If you do not wish your name to be publicised if you win, please tick here

3 Select your Payment Method

Banks and Building Societies may not accept Direct Debit instructions for some types of account. DD15

Direct Debit

Please fill in the form and return to Unity. Name and Full postal address of your Bank or Building Society.

To. The Manager Bank / Building Society

Address.

Postcode



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



Originator's Identification No. 4 2 1 1 0 2

Reference.

Instruction to your Bank or Building Society

Please pay Unity 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 Unity and, if so, details will be passed electronically to my Bank / Building Society.

Signature.

Date.

Payment by Cheque

I enclose a Cheque made payable to Unity (minimum payment £13)

4 Your Consent to Play (I confirm I am over 16 and resident in G.B.)



For office use only.

Signature. Date.

Data Protection If you would prefer not to receive other forms of communication from your chosen society, please tick here.

The Unity Lottery
Freepost RLZR - GSYJ - KSZA
BARROW-IN-FURNESS
LA14 2PE