

Lottery membership form

Personal details			
Title:		First name:	Surname:
Email:			
Address:			
Post code:		Contact no:	
I confirm that I am over 16 and a British resident. Please sign and date:			
Data Protection			
As a valued supporter of Keech Hospice Care we will treat your data with the utmost respect and never sell or swap your details with any third parties. We would however like to contact you about fundraising events, as well as about our work and how you may be able to help support people living with a terminal and life-limiting illness.			
Please tick to confirm how you would like to hear from us:			
To OPT OUT of communication by post:	<input type="checkbox"/>	To RECEIVE emails:	<input type="checkbox"/>
To RECEIVE phone calls:	<input type="checkbox"/>	To RECEIVE text messages:	<input type="checkbox"/>
Donation Information			
The money you have raised will help Keech Hospice Care continue its vital work for the local community. Please specify where you would like the money you have raised to be used:			
<input type="checkbox"/> Greatest Need	<input type="checkbox"/> Children's Hospice	<input type="checkbox"/> Adults' Hospice	
Standing order membership (This is the most cost effective method for us)			
Name of bank:			
Address of bank:			
	Postcode:		
Account name:			
Account number:		Sort code:	
Please debit my above account and send as per the following details: Keech Hospice Care Lottery, Natwest Bank Plc, 4 High Street North, Dunstable, LU6 1JU. Account no: 41190203 Sort code: 60-07-08			
Please pay on receipt and until further notice.:			
Example: Every month 4 weekly chance(s) x £4.34 = £17.36			
Every month	_____ weekly chance(s) x £4.34	= £	_____
Every quarter	_____ weekly chance(s) x £13	= £	_____
Every year	_____ weekly chance(s) x £52	= £	_____
Please quote reference: _____ (To be completed by hospice)			
Please turn over for alternative payment methods.			

Cheque membership

I wish to buy _____ chance(s) each week for _____ week(s) and remit £_____. Cheques payable to: **Keech Hospice Care.**

Credit/debit card membership

I wish to buy _____ chance(s) each week for _____ week(s) and I authorise a payment of £_____.

Cardholder's name: _____

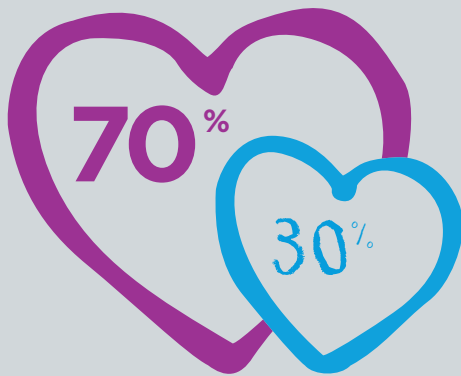
Address (if different from above): _____

Card type:  **VISA** 

Card no: _____

Valid from: _____ Expiry date: _____ Issue no: _____ Security no: _____
(last 3 digits on reverse)



Signature: _____ Date: _____



As a charity, Keech Hospice Care's survival depends on the community for 70% of its funding with only a small amount (30%) provided by the NHS, local authorities and the Department of Health.

To help us continue to look after local families when they need us most please donate at www.keech.org.uk/donate

Where we provide care

-  Adult and children's service
-  Children's service

