

**Cause name:**  
**Colchester and Ipswich Hospitals  
Charity**

**Cause registration number:**  
**1051504**

**This lottery is licensed by:**  
**Colchester Borough Council**

**Licence reference:**  
**74693**

**The promoter of this lottery is:**  
**Caroline Bates, Colchester and  
Ipswich Hospitals Charity, Villa 10,  
Turner Road, Colchester, CO4 5JL**

### 1. Your details (please print in block capitals)

Title:	First Name:
Surname:	
Address:	
Postcode:	
Tel:	Mobile:
D.O.B:	
Email:	

- ☐ If you do not wish your name to be publicised if you win, please tick here
- ☐ If you would like to receive lottery correspondence via email, please tick here

### 2. Payment frequency

How many entries would you like each week?  
(Each entry costs £1 per week)

- How often do you want to pay?  
(Please tick payment frequency & write amount in box)
- |                                                               |   |
|---------------------------------------------------------------|---|
| <input type="checkbox"/> Monthly / £4.34<br>Direct Debit only | X |
| <input type="checkbox"/> Every 13 wks / £13                   |   |
| <input type="checkbox"/> Every 26 wks / £26                   |   |
| <input type="checkbox"/> Every 52 wks / £52                   | = |

**Total amount payable:**

### 3. Select your payment method

#### ☐ Payment by Direct Debit

Please fill in the form and return to **Unity**

Name(s) of Account Holder(s):

Branch Sort Code:

Bank/Building Society account number:

**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.

Banks and Building Societies may not accept Direct Debit instructions for some types of accounts

**unity**

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



Service User Number:

4 2 1 1 0 2

Reference:

(For office use only)

Signature:

Date:

#### ☐ Payment by Cheque

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

### 4. Your contact preferences

Please indicate how you would like to receive updates from your chosen cause:

- |              |                              |                             |
|--------------|------------------------------|-----------------------------|
| Email        | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Post         | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Mobile Phone | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| SMS          | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

### 5. Your consent to play

(I confirm I am over 18 and a resident of GB)



Signature:

Date:

For office use only:

Freepost RLZR-GSYJ-KSZA  
The Unity Lottery  
Furness Gate  
Peter Green Way  
Furness Business Park  
Barrow-in-Furness  
LA14 2PE

### Need assistance? Get in touch:

**Tel:** 0370 050 9240 | **Email:** [info@unitylottery.co.uk](mailto:info@unitylottery.co.uk)

**Web:** [www.unitylottery.co.uk](http://www.unitylottery.co.uk)

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**GambleAware**

Need support on problem gambling?  
Visit [begambleaware.org](http://begambleaware.org)