

**Cause name:**  
**Kent MS Therapy Centre**  
**Cause registration number:**  
**801382**

**This lottery is licensed by:**  
**Canterbury City Council**  
**Licence reference:**  
**KE-SSL-0057**

**The promoter of this lottery is:**  
**Kent MS Therapy Centre, Merton**  
**Lane North, Canterbury, Kent CT4**  
**7DZ**

### 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 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)