Lottery Membership Application

Your Details (PLEASE PRINT IN BLOCK CAPITALS)

Mr/Mrs/Miss/Other _____ First name _____

Surname _____

Address _____

_____

_____ County_____

Postcode _____ Telephone No _____

*Date of birth _____ *Occupation _____

I confirm I am 16 years of age or over

Signature _____

* *This personal information will help us to notify you about special offers or events in your area. Completion of these details is not compulsory.*

Your Payment (PLEASE CHOOSE OPTION 1, 2 or 3)

1 Cheque/Postal Order

Each chance costs £1 per week

I wish to buy ____ chance(s) each week for ____ weeks and remit £ _____

Please make cheque payable to 'Air Ambulance Promotions Ltd'

2 Credit/Debit Card

Each chance costs £1 per week

I wish to buy ____ chance(s) each week for ____ weeks and authorise payment of £ _____ *Visa, Mastercard, Switch, Delta, Solo, Electron*

Card No ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐

Start Date ___ / ___ Expiry Date ___ / ___ Issue No (Switch) ___

Cardholder's Name (print) _____

Cardholder's Signature _____ Date _____

Please return your completed form (with cheque, if applicable) to:

FREEPOST AIR AMBULANCE PROMOTIONS

No stamp or other address details required

How did you receive this leaflet? *(tick one box)*

☐ *By post* ☐ *At an event* ☐ *At local shop/business*

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

DIRECT Debit

Kent Surrey Sussex Air Ambulance
saving time - saving life

Originator's Identification Number

6	8	3	8	7	6

Name(s) of Account Holder(s)

Bank/Building Society Account Number

Branch Sort Code

Name and full postal address of your Bank or Building Society

To: The Manager — Bank/Building Society

Address

Postcode

Reference Number (FOR OFFICE USE ONLY)

FOR AIR AMBULANCE PROMOTIONS LTD OFFICIAL USE ONLY

This is not part of the instruction to your Bank or Building Society

Each chance costs £1 per week

I wish to buy ____ chance(s) each week and pay

☐ 4-Weekly ☐ Quarterly ☐ Annually

Instruction to your Bank or Building Society

Please pay Air Ambulance Promotions Ltd. Direct Debits 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 Air Ambulance Promotions Ltd. and, if so, details will be passed electronically to my Bank/Building Society.

Signature(s)

Date

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

THIS GUARANTEE SHOULD BE DETACHED AND RETAINED BY THE PAYER.

DIRECT Debit

The Direct Debit Guarantee

- This Guarantee is offered by all Banks and Building Societies that take part in the Direct Debit Scheme. The efficiency and security of the Scheme is monitored and protected by your own Bank or Building Society.
- If the amounts to be paid or the payment dates change Air Ambulance Promotions Ltd. will notify you 10 working days in advance of your account being debited or as otherwise agreed.
- If an error is made by Air Ambulance Promotions Ltd. or your Bank or Building Society, you are guaranteed a full and immediate refund from your branch of the amount paid.
- You can cancel a Direct Debit at any time by writing to your Bank or Building Society. Please also send a copy of your letter to us.