

# WEEKLY LOTTERY

**£1,000 First Prize**

**£200 Second Prize**

**£100 Third Prize**

**15 x £10 Prizes**



Each weekly entry costs just £1 per week and entitles you to your very own unique game number, which is yours to keep for as long as you remain a member. You may of course have as many entries as you wish . . . . and remember, because it is a local lottery you're in with a real chance of winning our bi-annual £5,000 Super Draw Jackpot, or indeed our regular weekly 1<sup>st</sup> prize of £1,000 in addition to the £450 worth of smaller prizes. You don't even have to claim your prize , as cheques are automatically posted to our lucky winners.



**BROAD LANE  
ROCHDALE  
OL16 4PZ**  
Telephone: 01706 649920  
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Chairman of Trustees:  
Margaret J. Geoghegan, MBE

Chief Executive:  
Christine E. Webb

Springhill Hospice (Rochdale).  
Incorporated as a Company Limited by Guarantee No. 2325905.  
Registered Office as above.  
Registered Charity No. 701798

Email: enquiries@springhillhospice.nhs.uk

Licensed by the Gambling Commission Website: www.gamblingcommission.gov.uk. Promoter: Springhill Hospice (Lottery) Ltd, 427 Oldham Road, Rochdale OL16 4SZ. Responsible Person: Mr Ian Anderton.  
All proceeds to Springhill Hospice. No tickets should be sold by or to anyone under 16 years of age. If you feel you have a problem with gambling, please call the GamCare National Helpline on 0845 6000 133 or visit www.gamcare.org.uk

## Springhill Hospice Lottery – Direct Debit Entry Form

### 1. PERSONAL DETAILS

1<sup>st</sup> Entrant's Name  Date of Birth  /  /

2<sup>nd</sup> Entrant's Name  Date of Birth  /  /

Address

Postcode

Email  Telephone No.

### 2. ENTRY DETAILS

For 1 weekly entry  £4.34 monthly  £52 annually

For 2 weekly entries  £8.68 monthly  £104 annually

Or for  weekly entries  £ monthly  £ annually

Signatures   
I am/we are 16 years or over

Date

### 3. DIRECT DEBIT DETAILS

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

To the Manager  Name of your Bank/Building Society Branch

Originator's Identification Number  6  9  8  0  3  4

Address  Full Address of your Bank/Building Society Branch

Postcode

Account Number

Branch sort code

Names(s) of account holders

Instruction to your Bank or Building Society: Please pay DDPay Ltd re **Springhill Hospice** 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 DDPay Ltd re **Springhill Hospice** and if so, details will be passed electronically to my Bank/Building Society.

Signatures

Date

Bank/Building Societies may not accept Direct Debit instructions for some types of account.