BULMER LOTTERY APPLICATION FORM

I/We* wish to apply for 1/2/3/4* number(s) in the Bulmer Village Lottery at 50 pence each

and request that it/they* be entered in the Draw each month until further notice. I/We* understand that, unless payment is made to the Promoter by or on the 21st. of the

month, my number(s) will not be entered into that month's Draw.

I/We* wish to pay as indicated below:- 1. Yearly (January)/Half Yearly (Jan & July)/*
I/We* am/are not* under 16 years of age.
(Please Print) Name(s)
Address
Signed Tel. No
[] Please tick if a receipt is required. * Delete as appropriate
Please make cheques payable to "BVH Lottery Account" and return to the Promoter: - Dawn Allen - "LEUCOJUM" (Post Office), Bulmer Street, Bulmer., Sudbury, Suffolk
STANDING ORDER
Enter Name and Address of
your Bank / Building Society
Sort Code
the sum of £commencing (Amount in figures) (Amount in words)
1st and thereafter every year / 6 months* (Date of 1st Payment) until you receive further notice from me / us* in writing.
Account to be debited
Signature(s)