

LOTTERY MEMBERSHIP APPLICATION

Mr/Mrs/Miss/Other _____
First Name _____ Surname _____
Address _____

_____ Post Code _____

STANDING ORDER

To: _____ Bank/Building Society
Address _____

_____ Post Code _____

Account Name _____
Account Number _____ Sort Code _____

Please debit my above account and pay Friends of East Anglian Air Ambulance, Barclays Bank Sort Code 20-50-40 Account No 40658855

I wish to pay the sum of (tick one box):

£4.33 monthly £13 quarterly £26 half-yearly £52 annually

First payment on ___/___/___ and thereafter until further notice.

Signed _____ Date _____

Please cancel all previous standing order mandates in favour of the beneficiary named above.

Please quote reference _____ (to be completed by Friends of East Anglian Air Ambulance)

OR

Cheque or Cash Each chance costs £1 per week

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

Please make cheques payable to 'Friends of East Anglian Air Ambulance'

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

Friends of East Anglian Air Ambulance, Hangar D, Norwich Airport, Gambling Close, Norwich NR6 6EG