



# Great North Air Ambulance Service

## Weekly Lottery

### Application Form



The Great North Air Ambulance Service brings pioneering pre-hospital care to the scene, rescuing over 1000 severely injured or ill patients every year. We are not NHS funded and rely solely on the backing and generosity of our amazing supporters. **Thank you for being one of them!**

**Please return this form and your payment to:** Great North Air Ambulance Service Lottery, Progress House, Urlay Nook Road, Eaglescliffe, Stockton-on-Tees, TS16 0QB

If you require more information before joining the weekly lottery or help with this form, please contact the lottery support team on **0800 1777 035** or [lottery@gnaas.co.uk](mailto:lottery@gnaas.co.uk)

You must be 18+ to join the weekly lottery, an age verification check will be run using the details you provide below.

### Your Details

**Title:** Mr / Mrs/ Ms .....

**First Name:** .....**Surname:** .....

**Address:** .....

.....

.....**Post Code:** .....

**Date of Birth:** .....

**Contact Number(s):** .....

**Email Address:** .....

#### Privacy Notice

Our up to date Privacy Policy is published on our website at <https://www.greatnorthairambulance.co.uk/privacy-policy/>, and you can update your contact preferences by calling 01325 487263, emailing [info@greatnorthairambulance.co.uk](mailto:info@greatnorthairambulance.co.uk) or completing the contact preferences form on our website. Full T&C's available on our website. Licensed and regulated by the Gambling Commission. Ref Number **005215** [www.gamblingcommission.gov.uk](http://www.gamblingcommission.gov.uk). [www.begambleaware.org](http://www.begambleaware.org). Lottery Promoted by Grahame Pickering MBE

Please complete the relevant section below and return this form in the freepost envelope provided.

## Pay by Direct Debit

Great North Air Ambulance Service

### Instruction to your bank or Building society to pay by Direct Debit



Please fill in the whole form and send to: Great North Air Ambulance, Urray Nook Road, Eaglescliffe, Stockton-on-Tees, TS16 0QB

Name and full postal address of your bank or building society

To: The Manager	Bank/building society
Address	
Postcode	

Service User Number

2	9	7	8	5	4
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Reference

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Instruction to your bank or building society

Please pay Great North Air Ambulance Service 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 Great North Air Ambulance Service Ltd and, if so, details will be passed electronically to my bank/building society

Signature(s):

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Date:

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Please select your preferred payment date (please circle)

**1<sup>st</sup>**      **15<sup>th</sup>**

Please select your payment from the options below (please circle)

<b>One number</b>	With donation
Monthly <b>£2.17</b>	<b>£2.50</b>
Annually <b>£26</b>	<b>£30</b>
<b>Two numbers</b>	With donation
Monthly <b>£4.34</b>	<b>£5</b>
Annually <b>£52</b>	<b>£60</b>

**Number of Plays:**      **Total Payment:**  
\_\_\_\_\_ £ \_\_\_\_\_

Banks and building societies may not accept Direct Debit Instructions for some types of account

## Pay by credit/debit card

Please debit my account

Visa  Mastercard  Switch/Maestro

Card no:

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Security code:

--	--	--

Valid from:

--	--

Expires:

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Issue no:

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(Switch/Maestro)

Signature:

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Date (DDMMYY)

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Please select the amount you would like to pay (please circle)

<b>One number</b>		<b>Two numbers</b>	
20 weeks    £10		20 weeks    £20	
52 weeks    £26		52 weeks    £52	

I would also like to make a donation of  
£ \_\_\_\_\_

**Number of Plays:**      **Total Payment:**  
\_\_\_\_\_ £ \_\_\_\_\_

## Pay by cheque or postal order

Please make cheques or postal orders payable to 'GNAAS'

## Gift Aid your donation

I would like to make every £1 worth £1.25 through Gift Aid

Yes, I want the Great North Air Ambulance Service to treat all donations I have made for the four years prior to this year and until further notice, as Gift Aid donations. I confirm I am a UK income or Capital Gains taxpayer. I understand that I must pay an amount of Income Tax or Capital Gains tax in the tax year at least equal to the amount of tax the charity will reclaim on my gifts for that tax year. I understand that other taxes such as VAT and Council Tax do not qualify. I understand the Charity will reclaim 25p on every £1 that I have given.

Signature for Gift Aid: 

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Date: 

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## Marketing preferences

Please tick if you would like to hear about:

Our Newsletter  Events and Campaigns  Annual Raffle

If you ticked any of the above, how would you like to receive them?  
EMAIL / POST

If you didn't tick any of the above, we may contact you occasionally about things we think are relevant to you. If you really don't want to hear from us, please tick here

If you would you like to receive future reminders to renew your lottery numbers **by email** please tick here

If you selected email to any of the above please provide your email address: 

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