



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

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 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. 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, Urrlay 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

Reference

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):

Date:

Name(s) of account holder(s)

Branch sort code

Bank/building society account number

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



Please select your preferred payment date (please circle)

1st **15th**

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

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

Number of Plays: **Total Payment:**

_____ £ _____

Pay by debit card (only)

Please debit my account

Visa
 Mastercard
 Switch/Maestro

Card no:

Security code: Valid from: Expires: Issue no:

Signature: Date (DDMMYY)

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

One number	Two numbers
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'

Boost your donation Gift Aid

Help us save more lives, at no extra cost to you. Every donation you make could be worth 25% more, just by choosing to Gift Aid it.

Yes, I would like to boost my donation with Gift Aid where applicable. I would also like to Gift Aid donations that I make in the future and have made in the last four years until I notify you otherwise.

Date

I am a UK taxpayer and understand that if I pay less Income Tax and/or Capital Gains Tax than the amount of Gift Aid claimed on all my donations in that tax year it is my responsibility to pay any difference. I understand that the Great North Air Ambulance Service will reclaim 25p of tax on every £1 that I give. Gift Aid is reclaimed from the tax I pay for the current tax year. Please notify us if you want to change this declaration, change your name or home address, or no longer pay sufficient tax on your income/capital gains.

Marketing preferences

How would you like to hear from us?

We'd love to keep you up to date with our life-saving missions and how you can help us rescue more people through fundraising, events and volunteering.

Please let us know how you'd like to hear from us.

Email: **SMS:** **Phone:** **Post:**

If you selected email please provide your email address:

Please note this means you will receive your future lottery reminders for your number(s) via email
