## Syndicate Lead Name:

$\qquad$

Company/Club Name:

$\qquad$
Firstly, thank you for expressing an interest in having a syndicate in your workplace or group. Your contributions to the hospice via the Win Win Lottery will help provide vital services needed for families in County Durham.

By signing this Syndicate Agreement, the individuals listed below have all agreed to participate jointly in a St Cuthbert's Hospice Win Win Lottery Syndicate. Any prize cheques from a winning number will be payable only to whom is indicated above to be the nominated Syndicate Lead. Any action thereafter will be the responsibility of the Syndicate Lead. For more information and to review our Terms and Conditions, visit our website at: https://www.stcuthbertshospice.com/2344/2/win-win-lottery.

| FULL NAME (Inc. Title) <br> (e.g. MR JOE BLOGGS) | ADDRESS (Inc. House Number, <br> Street, Postcode) | DATE OF BIRTH (Need to be <br> 16 Years Old and Above) | *EMAIL ADDRESS <br> (e.g Joebloggs@example.com) |
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Continue on to the next page if you have more people to enter into your syndicate than is possible in the $\mathbf{8}$ boxes above.
Please complete this Agreement with your Application Form stating how many entries you would like to have per month at $£ 10$ per entry.
This will then need to be emailed to lottery@stcuthbertshospice.com or post to us at: Win Win Lottery, St Cuthbert's Hospice, Park House Road, Durham, DH1 3QF. A member of the Lottery team will contact you to complete your syndicate entry.

Continue below if you require more space to enter more members into your syndicate than the 8 available on the first page of this agreement.

| FULL NAME (Inc. Title) <br> (e.g. MR JOE BLOGGS) | ADDRESS (Inc. House Number, <br> Street, Postcode) | DATE OF BIRTH (Need to be <br> 16 Years OOd and Above) |  |
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|  |  |  | *EMAIL ADDRESS <br> (e.g Joeblogs@@example.com) |
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Make your play count and sign up to our lottery today!
Complete and return this form below and return to St Cuthbert's Hospice; Park House Road, Durham, DH1 3QF. Alternatively sign up online at www.stcuthbertshospice.com
My details (Please print in block capitals)
Title First Name:

## Surname:

## Postcode: <br> Mobile:

Email Address:
Would you like to sign up to the Hospice e-newsletter? Yes please $\square$
Consent to play
I confirm that I am over 16 years old and a resident of Great Britain. $\square$ My date of birth is: $\square \square \square$
Number of lottery entries: $1 \square £ 10$ per month $\quad 2 \square £ 20$ per month
Other $\square$ (please enter number of entries) Maximum 6 entries. If you require more, please get in touch
Email Address:
Would you like to sign up to the Hospice e-newsletter? Yes please $\square$
Consent to play
I confirm that I am over 16 years old and a resident of Great Britain. $\square$ My date of birth is: $\square \square \square$
Number of lottery entries: $1 \square £ 10$ per month $\quad 2 \square £ 20$ per month
Other $\square$ (please enter number of entries) Maximum 6 entries. If you require more, please get in touch
Telephone:
Email Address:
Email Address:
Would you like to sign up to the Hospice e-newsletter? Yes please $\square$
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Other $\square$ (please enter number of entries) Maximum 6 entries. If you require more, please get in touch
Address:

|  | Postcode: |
| :--- | :--- |
| Telephone: | Mobile: |

## - DIRECT <br> Service User Number: <br> 288240 <br> To the manager of: Address: Name(s) of account holder(s): Branch sort code Direct Debit payments or Building Society) collection date to be eligible for the following months' draws. <br> Date: <br> Banks and Building Societies may not accept Direct Debit Instructions for some types of account

How did you find out about the Lottery?
$\square$ Facebook $\square$ Website $\square$ Letter $\square$ Word of mouth Other (please specify): My relationship to St Cuthbert's Hospice. I am a: $\square$ Supporter $\quad \square$ Member of staff Next of kin of
$\begin{array}{llll}\square & \text { Supporter } & \square \text { Member of staff } & \square \text { Volunteer } \\ \square \text { Next of kin of patient } & \square \text { Friend or relative of a patient } & \square \text { Prefer not to say } \\ \text { Other (please specify): } & & \\ \text { Are you taking part in memory of someone? Name: } & \end{array}$
Are you taking part in memory of someone? Name:
The information that you have provided will be held on our fundraising and lottery databases. Unless you specify otherwise, we will occasionally post
you information about Hospice news and events. If you would prefer not to be contacted by POST please tick here You can change or update your marketing preferences at any time. To do so please call 01913861170 ext. 5 or email enquiries@stcuthbertshospice.com To view our Data Protection Policy and Privacy Notice in full please visit www.stcuthbertshospice.com or call to request a copy.

