East Anglian Air Ambulance! You could be a winner with the

By joining our lottery you are helping to save lives in your other guaranteed prizes ranging from £50 to £250. local area. Our weekly top prize is £1,000 but there are 17

you winning up to £25,000! automatically when you become a lottery member) could see Our accumulator draw (which you are entered into

By simply paying £1 per chance, per week, you could be a

you and we thank you very much for your support government or National Lottery funding. It all comes from Your support is essential as the charity receives no direct

Playing our lottery couldn't be simpler

of our quarterly charity magazine - Anglia Lift Off. If you do not wish to receive this magazine please tick the www.eaaa.org.uk. All our lottery members receive a free copy claim. A list of our winners is published weekly on our website your prize is sent to you automatically so there is no need to number which will be entered into our weekly draw. If you win application is processed you will receive a membership you would like to pay by direct debit or cheque. Once your Just fill in the form and post it back to us indicating whether To become a lottery member you must be aged 16 or above data protection box at the bottom of the application form.



Payment methods

annually via the following methods: You can pay to play monthly, quarterly, every six months or

is cheaper for the charity to process, easier to check and were to pay for your membership by direct debit as this Bank Direct Debit ~ It would be much easier for us if you lessens the need for us to send reminders.

and include it with your completed membership form. is made payable to: Friends of East Anglian Air Ambulance Cheque ~ Please make sure your cheque (minimum of £13)

lottery pages on our website. Our contact details are at the the phone using a valid debit / credit card, or online via the If you prefer we are able to take your lottery payment over bottom of this form.

hershin Application

Lottelly Mellipership Application
Mr / Mrs / Miss / Other
First Name
Surname
Address
Postcode
Telephone
Email

Each chance costs £1 per week

Members must be aged 16 years or over.

Please tick this box to confirm you are aged 16 years or over □

For cheque payment complete below

nber of chances per week Number of weeks (min 13) Total ar
13) 1

Please return completed form

with cheque made payable to Friends of East Anglian Air Ambulance to:

Gambling Close, Norwich Airport, Norwich NR6 6EG. East Anglian Air Ambulance Lottery Office, Hangar E.

Website: www.eaaa.org.uk Tel: 01603 489400

with the Data Protection Act (1998). We may contact you occasionally with these mailings please tick 🔲 information about other aspects of our work. If you would prefer not to receive All the data we hold is gathered and managed in strict accordance







and thereafter until further notice

First payment on

DIRECT	9)
D		

Instruction to your Bank or Birect Building Society to pay by Direct Debit



East Anglian Air Ambulance Lottery Office, Hangar E, Gambling Close, Norwich Airport, Norwich, NR6 6EG Norwich Airport, Norwich, NR6 6EG Rank or Building Society	- lease iii iii ale loiii alia sella se.
--	--

nly) £13 (quarterly) [rrly) £52 (annually)	£4.34 (monthly) £26 (half yearly)
(minimum payment of £4.34 per calendar month per chance) Please tick which amount you would like to be debited from your account	(minimum payment of Please tick which amo
ces per week:	Number of chances per week:
Banks and Building Societies may not accept Direct Debit Instructions for some types of account	Banks Direct De
	Date
	Signature(s)
Instruction to your Bank or Building Society Please pay F.O.E.A.A.A. Direct Debits from the account detailed in this instruction subject to the safe-guards assured by the Direct Debit Guarantee. I understand that this instruction may remain with F.O.E.A.A. and if so, debits will be passed electronically to my Bank/Building Society.	Instruction to your Bank or Building So Please pay F.O.E.A.A.A. Direct Debits fror subject to the safe-guards assured by the that this instruction may remain with F.O.E electronically to my Bank/Building Society.
Number (please leave blank)	— 8 1 7
ciety account number	Bank/Building Society a
	Branch Sort Code
unt Holder(s)	Names(s) of Account Holder(s)
Postcode	
	Address
Name and full postal address of your Bank or Building Society To: The Manager Bank/Building Society	Name and full postal add