

Lifesaving Lottery

Please fill in the whole form using a ball point pen and send it to:

**Freepost RTTX-ZHUR-EKJR, Wales Air Ambulance, Ty Elusen,
Llanelli Gate, Dafen, Llanelli. SA14 8LQ**

I. Personal details

Title

Name

Address

Post Code

Telephone

Email

2. I wish to play

1 Number £4.34 monthly £13 quarterly £26 half yearly £52 annually

2 Numbers £8.68 monthly £26 quarterly £52 half yearly £104 annually

3. I wish to pay via

Direct Debit
(section 6, overleaf)

Cheque
(section 4)

4. Payment by cheque

Please find enclosed my payment in the form of
a cheque (payable to Wales Air Ambulance).

£

5. I'd like to be contacted by

Post

Email

Telephone

Text Message

From time to time, we'd like to keep you informed about the work of Wales Air Ambulance and how your support is helping to save lives. Please let us know how we can contact you or, if you do not wish to hear from us, simply leave the contact options blank. We respect your privacy and will never sell your data on to third parties. You can change your mind about how we contact you at any time: just call us on **0300 0152 999** (option 1) or email **enquiries@walesairambulance.com**. Please note we may be required to contact you about your Lifesaving Lottery membership or if you have won a prize, but this does not affect your preferences above for news from Wales Air Ambulance. For our full privacy policy, please visit walesairambulance.com or contact us for a copy.

Office use only

6. Instruction to your bank/building society to pay by Direct Debit



Name(s) of account holder(s)

Bank/building society account number

Branch sort code

Name and full postal address of your bank or building society

To: The Manager

Bank/Building Society

Address

Post Code

Date of payment

1st of the month

17th of the month

8th of the month

25th of the month

Service user number

4 4 2 5 4 7

Reference (Office use only)

Instruction to your bank or building society

Please pay The Welsh Air Ambulance Charitable Trust 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 The Welsh Air Ambulance Charitable Trust and, if so, details will be passed electronically to my bank/building society.

Signature(s)

Date

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

