

CRUSE BEREAVEMENT CARE ISLE OF MAN 100 CLUB

DATA PROTECTION NOTICE:

Cruse Bereavement Care Isle of Man will not pass your contact details to others without your consent.

Please indicate if you do not wish to receive further newsletters of information from us by placing a cross here.

Disclaimer:

+ Please note that 100 members are not guaranteed – there could be more or less than 100 members

* Due to number of members, the prize fund may increase or decrease in value. 50% of paid in funds will be entered into prize draws, and 50% will be paid into Cruse Isle of Man funds to develop services:

Promoter: Mrs Lorna Trevethan, 6c The Village Walk, Onchan, Isle of Man, IM3 4EA

YOU'VE GOT TO BE IN IT TO WIN IT!!!

CRUSE BEREAVEMENT CARE ISLE OF MAN
6C THE VILLAGE WALK, ONCHAN, ISLE OF MAN, IM3 4EA
TEL: 01624 668192
www.cruseisleofman.org



JUST £5 PER MONTH AND YOU
COULD WIN UP TO £150* EACH
MONTH!

1st Prize: £150 ; 2nd Prize: £50
3rd Prize: £25 ; 4th Prize: £25

To join simply complete the enclosed application form and return it to Cruse Isle of Man.



Cruse Bereavement Care Isle of Man is a company limited by guarantee and is registered with the Isle of Man Government as no. 117100C
Manx Registered Charity: 971

Please return to: The Manager, 100 Club, Cruse Bereavement Care Isle of Man, 6c The Village Walk, Onchan, Isle of Man, IM3 4EA

I wish to be a member of the Cruse Isle of Man 100 Club

Name: Mr/Mrs/Miss/Other :.....

Address:.....

Tel no: Email:

Signed: Date:

Payment Method: (Please tick one of the following)

1. Single Payment of £60, cheque enclosed made payable to Cruse Bereavement Care Isle of Man (Please do not send cash through the post)
2. By Standing Order. Please complete the enclosed Standing Order Mandate.

Standing Order Mandate:

To: (Your Bank Details)	(Bank)
Address:	
Sort Code:	
Please Pay:	Barclays Private Clients International Ltd
	Barclays House, Victoria Street
	Douglas, IM99 1AJ
Sort Code:	20-26-74
For the Credit of:	Cruse Bereavement Care Isle of Man
Account Number:	00872520
The sum of:	Five Pounds Only
Commencing:	1st _____ 200_
And thereafter:	Monthly payments on the 1st of every month
Until:	Further notice
Special Instructions (if any):	
Signature(s):	
Date:	
Your account name:	
Your account number:	

Note: The Bank will not undertake to:

- Make any reference to Value Added Tax or pay a stated sum 'plus VAT'
- Advise payer's address to beneficiary
- Advise beneficiary of inability to pay
- Request beneficiary's banker to advise beneficiary of receipt