

## Cornwall Hospice Care Lottery Winning Ticket Claim Form

## TO BE COMPLETED BY CLAIMANT

Prizes can be claimed by either completing the claim form below or online at <a href="here">here</a>. To claim your prize by post, send your winning ticket and this completed claim form to: Cornwall Hospice Care, Lottery Office, Daniels Lane, St Austell, Cornwall, PL25 3HS.

## **WINNERS DETAILS:**

Please complete in BLOCK CAPITALS. The prize cheque will be issued to the name that you provide below and will be sent within 7 days of making a substantiated claim.

Claims valid within 6 months of the draw date shown on the ticket.

Any un-cashed or expired prizes will be taken as a donation to the hospice 6 months after the draw date.

Title:					
First Name:					
Last Name:					
Address:					
Postcode:					
Date of Birth:			(all lottery player	s must be ag	ged 18 years or over)
Telephone:					
Email address:					
WINNING TICKET INF	ORMATION. Please er	nsure y	our ticket is atta	ached to	this form.
Your Numbers			Draw Date:		
For office use only					
Unique Code:		Cheq	ue No:		
Date:					
Photocopies, damaged for lost tickets.	or defaced tickets will	not be	accepted, and	no prizes	will be paid ou
	sibility for tickets lost in n person or via recorde			nd winnin	ig tickets and
Your consent to keep in joining our weekly lotter	n touch. Please tick he ry.	re	if you wish to	receive in	formation on
-	would like to stay in to				

you at any time, simply email changes@cornwallhospice.co.uk or call 01726 66868.

third party nor share your details with other charities for marketing purposes.

Cornwall Hospice Care will keep your personal data safe and will never sell your data to any