

**SCOTS DG MONTHLY DRAW**

**Name:** .....

**Address:** .....

.....

..... **Post Code:** .....

**Tel:** .....

**E-mail:** .....

I wish to take part in the monthly draw. The cost is £2.00 for each number, per month.

Please allocate me ..... (qty) draw number (s).

I enclose payment for 6 or 12 months commencing ..... (month)

Amount enclosed: £ .....

(Cheque made payable to 'SCOTS DG Home HQ')

or

Please charge to my credit/debit card..

If you wish to pay by standing order, please request a mandate form.

***Nota Bene: Card authorities cannot be processed without the full address and all detail requested.***

Card type: VISA Mastercard Maestro Debit card (Not Diners or Amex)

Card Number: (16 numbers): \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_

Security code: \_ \_ \_ Start date: Expiry date: Issue Number  
(if applicable)

***Essential:*** If different from address above, card billing address is recorded below.

If you wish to pay by standing order, please request a mandate form from Home Headquarters

Date:

Signed: