


JOIN our sweepstake @

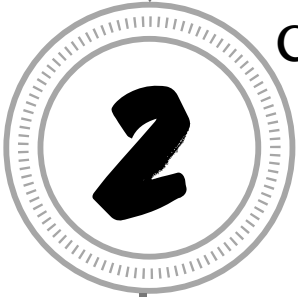
just R50.00 p/m


& YOU COULD WIN up to..

R30,000.00 every 3 months




Fill in the membership form on the back
Choose your subscription plan
Email it or drop it off @ Howick Hospice
sweepstake@howickhospice.org.za
Don't forget to keep your ticket, it's attached at the bottom of this page 



Congrats, you have now donated to our worthy cause and are in the draw for the next 12 months
join our social media platforms
Get a friend or two to join & receive  extra entry



Keep an eye out for communication via email, social media and telephone
The Draw will take place every  months

THANKS FOR YOUR SUPPORT!



♪ **Don't you forget about me.....**
keep this ticket to claim your prize



DATE:

Ticket No:
will be allocated once membership has been processed

NAME & SURNAME:

COST PER TICKET : R50.00 per month or
once off payment of R600.00 per year

PAYMENT METHOD : please tick option/s

- | | | |
|--------------------------------------|--|--------------------------------------|
| <input type="checkbox"/> R50.00 p/m | <input type="checkbox"/> CASH | <input type="checkbox"/> DEBIT ORDER |
| <input type="checkbox"/> R600.00 p/a | <input type="checkbox"/> CREDIT/DEBIT CARD | |

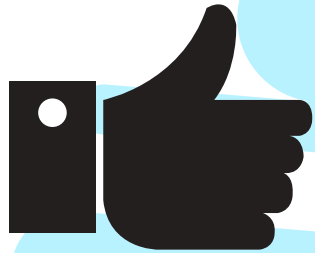
sweepstake@howickhospice.org.za
www.howickhospice.org.za
7 Mansfield rd, Howick
033 330 5257

NPO NO .002-413
NATIONAL LOTTERIES COMMISSION NO.
00217/1



t's & c's apply
please see reverse of ticket

SIGN ME UP!!!!!!!!!!!!



I WANT TO MAKE A DIFFERENCE

Subscription options:

R50,00 p/m for 12 months

Debit order only

R600.00 p/yr (once off)

Debit order

Cash Payment

Debit order instruction form :

DATE:

NAME & SURNAME:

as registered with the bank

CONTACT NO:

Details of my bank account:

Bank:

Branch Name:

Branch No:

Account Name:

Account Number:

Type of Account:

Authorisation of debit order:

I/We hereby authorize Howick Hospice Sweepstakes to issue and deliver payment instructions to the bank for collection against my/our bank account at my/our above mentioned bank for the monthly/once off payment due in respect of the membership agreement. (please select your date) On the 1st / 15th / 25th of each month for the period of one year / 12 months.

Signed by (Name and Surname:

Signature:

Ticket No:

will be allocated once membership has been processed



Terms and Conditions

sweepstake@howickhospice.org.za
www.howickhospice.org.za
7 Mansfield rd,Howick
033 330 5257

This project has been approved by the Board of Howick Hospice. Proceeds will be used for care of terminally ill patients, living in the howick and surrounding areas. Club Membership is open to the general public,staff and volunteers of Howick Hospice with the limitation of top management,the sweepstakes coordinator and any persons related to the limited parties. Membership is subject to a 12 month subscription of R50.00 per/m or R600.00 per/yr. The referral of a friend/s entitles you to one free entry for the draw following the referral A Draw will take place every three months Prize money is not guaranteed and based on 20% of monies taken over a three month period,within the 20% prizes will split as follows:
1st prize (50%)
2nd prize (30%)
3rd prize (20%)
Prize winners will be contacted via telephone and/or email and announced on our Social Media pages/print media partners.
by purchase of this ticket you agree to all T's and C's.



This Social Lotto has been registered with the NLC and adheres to all rules and regulations set out by the National Lotteries Commission.

sweepstakes 12 month membership is valid from 1st April 2020 - 31st March 2021

NPO NO .002-413 NATIONAL LOTTERIES COMMISSION NO. 00217/1