



Joining form

Please select the date you would prefer your Direct Debit to be taken:

1st 8th 15th 22nd

NET

Adoption Centre / Branch Name

1. Your details

Title (please tick): Mr Mrs Ms Miss
 Other (please specify): _____
 Please complete in BLOCK CAPITALS
 First name: _____
 Last name: _____
 Email: _____ Yes, I am happy for Cats Protection to contact me by email.
 Address: _____
 Postcode: _____
 Telephone: _____ Mobile: _____
 Signed _____ I am over 16 years old

2. How many chances would you like?

ONE chance
 £4.34 a month £52 annually

TWO chances
 £8.68 a month £104 annually

We will write to you confirming all payment details.

This Guarantee should be detached and retained by the payer.

The Direct Debit Guarantee



- This Guarantee is offered by all banks and building societies that accept instructions to pay Direct Debits.
- If there are any changes to the amount, date or frequency of your Direct Debit Cats Protection will notify you 10 working days in advance of your account being debited or as otherwise agreed. If you request Cats Protection to collect a payment, confirmation of the amount and date will be given to you at the time of the request.
- If an error is made in the payment of your Direct Debit by Cats Protection or your bank or building society you are entitled to a full and immediate refund of the amount paid from your bank or building society.
 - If you receive a refund you are not entitled to, you must pay it back when Cats Protection asks you to.
- You can cancel a Direct Debit at any time by simply contacting your bank or building society. Written confirmation may be required. Please also notify us.

3. Keeping in touch

Further offers from other carefully selected companies may be made to you. If you prefer not to receive such communications by post, telephone, email or fax please tick this box:

It really helps Cats Protection if we can keep you informed about our exciting work, campaigns, activities and fundraising. If you would prefer us not to contact you by post or telephone, please phone 0800 917 2287, email: Supporter.Services@cats.org.uk or write to us at the Freepost address: FREEPOST RTJK-TJKK-GREZ, Cats Protection, National Cat Centre, Chelwood Gate, Haywards Heath RH17 7TT.

Cats Protection is registered with the Gambling Commission (www.gamblingcommission.gov.uk) under the Gambling Act 2005. Promoter - Lewis Coghlin, Cats Protection, National Cat Centre, Chelwood Gate, Haywards Heath, Sussex RH17 7TT. Reg Charity 203644 (England and Wales) and SC037711 (Scotland). Players must be 16 years of age or older. For terms and conditions visit our website at www.cats.org.uk.

Are you gambling more than you really want to? If you feel you have a problem with gambling, please visit the GambleAware website for help and advice at www.gambleaware.co.uk or contact The National Gambling Helpline number is 0808 8020133 lines open 8am to midnight.

4. Join by Direct Debit

Instruction to your bank or building society to pay by Direct Debit



Service user number

2	7	7	9	3	9
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Please fill in the whole form using a ball point pen and send to: Freepost RTJY-JUCB-AAE, Cats Protection Weekly Lottery, PO Box 1127, MAIDENHEAD, SL6 3LN

Name and full postal address of your bank or building society

Name(s) of account holder(s)

Branch sort code

Bank or building society account number

Reference

Instruction to your bank or building society

Please pay Cats Protection 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 Cats Protection 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 accounts

DD16

Join by Debit or Credit Card (complete your card details below)

£ _____ One chance Two chances

For one chance, your payment is £52; for two chances, your payment is £104. This is a one off payment; to renew your subscription automatically with this card, tick here

Please debit the above amount from my:

Visa MasterCard Maestro Other

Name on card: _____

Card number: _____
(Maestro only)

Valid from: _____ Expiry date: _____ Issue number: _____
(Maestro only)

Cardholder's Signature _____ Date _____

Should we require the security code on the reverse of your card, we will telephone you.