

**Customer Information:** *(Please write clearly in Block Capitals or enclose typed copy)*  
or enter the information into a Wordpad or Notepad document and send to: davidcritten@waitrose.com

Customer Name: .....	Tel No.: .....
Address for proof: .....	
.....	
Postcode: .....	Please send proof by: Fax - Fax No.: .....
Delivery Address <i>(if different)</i> : .....	
.....	
Postcode: .....	Please send proof by: e-mail - Address: .....

### Information to be on the draw ticket as follows

Name of Organisation: .....

Registered Charity number: *(if applicable)* ..... Logo(✓)

Registered with: *(name of Local Authority)* ..... Enclosed Post e-mail

Title of Draw: .....

Prizes: .....

.....

.....

.....

.....

Date and Place of Draw: .....

.....

Date monies/counterfoils to be returned: ..... Ticket Price: .....

Promoters Name: .....

Promoters Address: .....

.....

Other instructions: .....

Number of tickets required: <input type="text"/> ,000	<i>Please return this completed form to:</i> <b>Plymouth Computer Print</b> 53 Broomfield Drive Hooe Plymouth PL9 9PG  <i>or fax to: 01752 402938</i>  <i>or scan and send to: davidcritten@waitrose.com</i>										
Number of tickets per book: <input type="text"/>											
Paper colour: <table border="1"><tr><td>White</td><td>Green</td><td>Pink</td><td>Blue</td><td>Cream</td></tr><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr></table>		White	Green	Pink	Blue	Cream	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
White		Green	Pink	Blue	Cream						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
Ink colour: <table border="1"><tr><td>Black</td><td>Red</td><td>Blue</td><td>Green</td><td>Purple</td></tr><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr></table>	Black	Red	Blue	Green	Purple	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Black	Red	Blue	Green	Purple							
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