One-off ticket Claim Form



Please complete this form and return it to FREEPOST TREETOPS along with the original winning lottery ticket. No stamp or full address is required when sending to the FREEPOST TREETOPS address.

Your Full Name Including Title (required)	
Your Full Address Including Postcode (required)	
Contact Telephone Number (required)	
Winning Ticket Number (required)	
Winning Draw Date (required)//	Claimants Date of Birth (required)//
Where did you purchase your ticket (E.g. Alles	tree Shop)?
Prize Amount Claimed (Please tick)	000
9 1	eed to be collected by the winner in person. An appointment wi of of ID will be required on collection of winnings.
show how your support is making a difference	work, give you the opportunity to donate and fundraise, and e. We will never sell your data and it will only ever be used for st we will continue to write to you unless you inform us to stop.
Please tick if you agree to receive communica	tions by email.
Your Email Address	
Please tick here is you would prefer not to hea	r from us at all in future.
	ences at any time at treetops.org.uk/contact-us or by phoning be found at www.treetopshospice.org.uk or is available on

Please enclose your winning ticket with this form.

Once your claim has been received the Treetops Lottery staff will verify that you are a winner. If your prize is less than £100 you will receive your cheque in the post within 14 days. If your prize is £100 or more we will contact you within 7 days to arrange collection of your cheque. Please be aware that claims can only be honoured within 6 months of the winning draw date. Full Terms and Conditions can be found on our website treetops.org.uk/lottery

Thank you for playing the Treetops Lottery. We will be in touch very soon. If you have any further questions please do not hesitate to get in touch.

Tel: 0115 939 9339 Email: lottery@treetops.org.uk

Treetops Hospice, Derby Road, Risley, Derbyshire, DE72 3SS