



CCL 100 Club Membership Form

Name: (to which the cheque will be made out if you win)

Telephone No: _____

Email: _____

Postal Address: (to which winnings will be sent)

I confirm that I am over the age of 16

Payment

I have enclosed a cash or cheque made payable to Carers Careline for £25 which gives me membership to the 100 club for 12 months.

In the event of winning a prize please list my name as _____

Please tick here if you wish to remain anonymous

I have read and agree to the Terms and Conditions

Signature: _____ Date: _____

Please return to: Carers Careline, Room 1 Ecumenical Centre, 6 Evesham Walk, Redditch, Worcs B97 4EX

Thank you for your support and good luck!