



Sarah Green
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Registered Charity: 327878

Dear Member

PINNT Prize Pot Club

We have a PINNT Prize Pot Club which raises ongoing funds for PINNT.

What this entails is for members to give £1 monthly and then they will be entered into a Draw each quarter.

The money you need to pay to be in the rest of this year's draws will be £9.00 per number, which will cover subscription to the Club to January 2015. After that you will pay £12 yearly to stay in the draw. Your PINNT Prize Pot Club Membership Number(s) will be allocated and a membership card issued. You may have more than one number, if you wish.

At present we have around 160 members in this club, which generates an income of £80 per month for PINNT and offers you the chance to be a prize-winner. The prize draw takes place every three months at an Executive Committee Meeting. The winner at present receives £120.00, and runners up £72.00 and £48 respectively. If we receive more, or less, members, the prize money will be raised, or lowered accordingly.

If you would like to participate, and we do hope that you will, then please return the attached slip as soon as possible with your payment.

Yours faithfully

S Green

Sarah Green
Membership Secretary



PINNT Prize Pot (PPP) Club.

One form must be completed for each person. £___ for the year.

I enclose payment of £_____ for my PPP for the period of _____

Name _____

Address _____

Postcode _____

Tel No _____

Email

Please make all cheques payable to '**PINNT**' – Please do not send cash through the post.

If you do not wish to send a cheques, payment can be taken by debit or credit card by completing **all** of the following details.

Please note that this will appear on your statement as Professional Medical Services.

Should you wish to pay over the phone, please call 02030 046192. A small charge is applied (3%-less than the cost of a stamp for a full member)

Please circle your payment method

Cheque	Credit Card	Debit Card			
Maestro	Mastercard	Visa	Amex	Switch	Solo

If the card is registered to anyone other than at the address shown overleaf, please supply this

Card No: /...

Cvc/Cvv: /.../.../.../ (Last three digits printed on the signature strip)

Valid From: /.../.../.../.../ Expiry Date: /.../.../.../.../

Issue No:

Date: Signature:

Please return to:

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