

**HAMPSHIRE AND ISLE OF WIGHT AIR AMBULANCE**

**REQUEST TO SELF EXCLUDE FROM GAMBLING FORM**

Please exclude me from your lottery and any other gambling product promoted by the charity with immediate effect

Please Note-We will exclude you for a minimum period of 6 months from the date of this request.

Name.....

Address.....

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Signature.....

Date.....

Any additional information you wish us to be aware

of.....

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Continue on separate page if required

Please return the form to:

Alex Lochrane, Hampshire and Isle of Wight Air Ambulance , 22 Oriana Way,  
Nursling, Southampton, SO16 0YU.