

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.....

.....

.....**Postcode**.....

Signature.....

Date.....

Any additional information you wish us to be aware of:

.....
.....
.....
.....
.....
.....

Continue on separate page if required.

Please return the form to:

Sherie Williams Ellen, Hampshire and Isle of Wight Air Ambulance, F4 Adanac Park, Adanac Drive, Nursling, Southampton, SO16 0BT.