

HELP LOTTERY SELF EXCLUDE FORM

COUNTY AIR AMBULANCE TRUST CHARITY LOTTERY 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.

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

Name:

Address:

Signature:

Date:

Any additional information you wish us to be aware of:

Continue on separate page if required.

Please return the form to:

Arthur Worthington
PO Box 999
Green Lane
Walsall
WS27YX

0800 389 8999
www.helpappeal.org