

THAMES VALLEY AIR AMBULANCE LOTTERY REQUEST TO SELF EXCLUDE FROM GAMBLING FORM

By hereby completing this form, I would like to be excluded from your lottery and any other gambling product promoted by the charity with immediate effect.

I understand I will be excluded for a minimum period of six months from the date of this request.

Name:.....

Address:.....

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Signature:.....

Date.....

Please provide any additional information you wish us to be aware of:

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Please return the form via post to:

Thames Valley Air Ambulance,
Stokenchurch House,
Oxford Road,
Stokenchurch,
Buckinghamshire,
HP14 3SX

TVAIRAMBULANCE.ORG.UK

