HELP Appeal
Helicopter Emergency Landing Pads
County Air Ambulance Trust

Request to Self Exclude from Gambling

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 .....

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Signature .....

Date .....

Any additional information you wish us to be aware of: .....

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Please return the form to:

Robert Bertram
County Air Ambulance Trust Limited
PO Box 999
Green Lane
Walsall
WS2 7YX