

CORNWALL AIR AMBULANCE 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 a	ware of:	
		Continue on	separate page if required.
Please return the form to: Tim Bunting, Cornwall Air A Trevithick Downs, Newquay Tel: 01637 889926		Y	
BeGambleAware.org Helpline: 0808 8020 133	GAMBLING COMMISSION		Registered with FUNDRAISING REGULATOR
rnwall Air Ambulance Trust (Regist evithick Downs, Newquay, Cornwal ttery Office: mulus House, Shortcut Way, New	ll, TR8 4DY Tel: 0163	7 889926	Cornwall Air Ambulance Tour charity, saving lives

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