

# Lottery Exclusion Form

Please exclude me from your lottery with immediate effect and do not make any direct contact with myself during my exclusion period.

(We will exclude you for a period of 6 months from the date of the form unless you stipulate an alternative specified time period).

Name: ……………………………………………………………………………………………………...…..

Address: ……………………………………………………………..……………………………………..….

………………………………………………………………………………………………….…...…

………………………………………………………………………………………………….…..….

Lottery name: ……………………………………………………….……………………………………..…..

Membership number (if applicable): ……………………………………………………………………...…

Date: ……………………………………………………………………………………………………………

Comments: ……………………………………………………………………………………………….……

………………………………………………………………………………………………………

………………………………………………………………………………………………………

……………………………………………………………………………...………………………

Please return the form to:

The Lottery Administrator

The Fire Fighters Charity

Level 6 Belvedere

Basing View

Basingstoke

Hampshire

RG21 4HG