

Self-exclusion form

If you feel you have a problem with gambling and would like to request that Martin House Children's Hospice excludes you from fundraising raffles and lotteries, please complete and submit this form.

Name:

Address:

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Contact number:

Email:

Lottery number:

I wish to be excluded from the Martin House weekly lottery with immediate effect, and not to be contacted during my exclusion period. *(We will exclude you for a minimum period of six months from the date of the form. Beyond that date you will have to request removal from the exclusion register, otherwise your exclusion will continue).*

I recognise that I am unable to modify or withdraw my self-exclusion until the above period has elapsed. I also understand that I am not able to enter any other Martin House raffles during this period, and that I will not be sent literature about these initiatives.

I understand that Martin House will take all reasonable measures to support this exclusion, but the responsibility remains with me to comply with this agreement.

Signed: Date:

Please email this form to weeklylottery@martinhouse.org.uk or post to Weekly Lottery, Martin House Children's Hospice, Grove Road, Boston Spa, West Yorkshire, LS23 6TX

martinhouse.org.uk