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# Society Lottery Self 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………………………………………………………………………………………………

 ………………………………………………………………………………………………

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Please return the form to: -

Wigan & Leigh Hospice – Lottery Office

FREEPOST NAT 4619

Hindley

Wiagn

WN2 3BR

Licensed with The Gambling Commission under the Gambling Act 2005

Promoter – Wigan & Leigh hospice

Gamble responsibly – gambling should be fun. If gambling is causing you a problem, for confidential advice & support contact

Gamcare uk helpline – 0845 6000 133 – website – [www.gamcare.org.uk](http://www.gamcare.org.uk)