



**St Helena Hospice**  
your time...your hospice

## Self exclusion form for the St Helena Hospice Lottery

To cancel your regular payment and exclude yourself from the St Helena Hospice Lottery please complete the form below and send it to: St Helena Hospice Lottery Office, 95-97 Magdalen Street, Colchester, Essex, CO1 2LA

### Member Details

Membership number (if known) \_\_\_\_\_

\*Mr/Mrs/Miss/Dr/Mr & Mrs/Other: \_\_\_\_\_ (\*Delete as applicable)

First Name \_\_\_\_\_ Surname \_\_\_\_\_

Address

\_\_\_\_\_

\_\_\_\_\_ Postcode \_\_\_\_\_

Tel. Number \_\_\_\_\_ E-mail address \_\_\_\_\_

**I hereby request St Helena Hospice to exclude me from any further draws which will take place over the next six months**

Signature \_\_\_\_\_ Date \_\_ / \_\_ / \_\_\_\_\_

*Please note, for those members paying by standing order, that in addition to completing this form it will be necessary for you to cancel your regular standing order with your bank.*