

**MAIL:**

**OFFICIAL TICKET REQUEST**

Complete the Official Ticket Request and send it with your cheque, money order, VISA, MasterCard or American Express number. Official Ticket(s) will follow by mail. Tax receipts cannot be issued. **Hospital Home Lottery tickets, 50/50 Add-On tickets and 100 Days of Winning Cash Calendar Add-On tickets will be mailed separately.**

LL #494145, 46, 47

**PURCHASER INFORMATION**

Mr. Mrs. Ms. Miss Dr.

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City/Town \_\_\_\_\_ Province **AB** Postal Code \_\_\_\_\_

Phone: Work ( ) \_\_\_\_\_ Home ( ) \_\_\_\_\_ Cell ( ) \_\_\_\_\_

Email \_\_\_\_\_

Check to receive text alerts  Standard mobile rates may apply. Age 18-24 25-34 35-49 50-64 65+ The provision of age information is optional and used only for internal marketing and statistical purposes.

Calgary Health Trust respects your privacy. We do not rent, sell or trade our contact lists. Personal information collected will be used to keep you informed of our charitable work, funding needs and opportunities to volunteer or give. In addition, we will use this information to fulfill ticket orders, provide information on our future lotteries, contact prize winners and publicize the names of prize winners. If you wish to be removed from our contact lists, please check here , call 1-888-541-5540 or email hospitalhomelottery@kpmg.ca. The following, including their spouse and any related or dependent person residing in the same household, are prohibited from purchasing a ticket: Calgary Health Trust employees, Board members and Development Council members, the raffle manager and their employees, and the partners and employees of the professional services firm of KPMG LLP. The liability of the licensee of this lottery shall be limited to the purchase price of the ticket(s). Purchasers must be at least 18 years of age.

**ORDER INFORMATION**

Hospital Home Lottery™ Tickets

\_\_\_\_\_ single ticket(s) at \$100 each. Total \$ \_\_\_\_\_

\_\_\_\_\_ 3-pack(s)\* at \$250 each. Total \$ \_\_\_\_\_

\_\_\_\_\_ 5-pack(s)\* at \$375 each. Total \$ \_\_\_\_\_

\_\_\_\_\_ 8-pack(s)\* at \$500 each. Total \$ \_\_\_\_\_

50/50 Add-On<sup>SM</sup> Tickets



\_\_\_\_\_ single ticket(s) at \$10 each. Total \$ \_\_\_\_\_

\_\_\_\_\_ 5-pack(s)\* at \$25 each. Total \$ \_\_\_\_\_

\_\_\_\_\_ 15-pack(s)\* at \$50 each. Total \$ \_\_\_\_\_

100 Days of Winning<sup>SM</sup>  
Cash Calendar™ Add-On<sup>SM</sup> Tickets



\_\_\_\_\_ single ticket(s) at \$25 each. Total \$ \_\_\_\_\_

\_\_\_\_\_ 3-pack(s)\* at \$50 each. Total \$ \_\_\_\_\_

\_\_\_\_\_ 6-pack(s)\* at \$75 each. Total \$ \_\_\_\_\_

**TOTAL ORDER AMOUNT** (Hospital Home Lottery tickets, 50/50 Add-On tickets, and 100 Days of Winning Cash Calendar Add-On tickets): \$ \_\_\_\_\_

**METHOD OF PAYMENT** Make cheques payable to: Hospital Home Lottery. Please, no post-dated cheques.

(Check only one)  Cheque  Money Order  MasterCard  VISA  American Express

**Mail to: Hospital Home Lottery,  
Box 1818 Station M, Calgary, AB T2P 4R6**

Card Number: \_\_\_\_\_  
\_\_\_\_\_ . \_\_\_\_\_ . \_\_\_\_\_ . \_\_\_\_\_

Expiry Date: \_\_\_\_\_  
\_\_\_\_\_ M M Y Y

Cardholder's Name \_\_\_\_\_

Cardholder's Signature \_\_\_\_\_