



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 #562688, 89, 90

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 chtlottery@chnp.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 MNP LLP and its affiliates. 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 \$ _____
_____ 10-pack(s)* at \$700 each. Total \$ _____

50/50 Add-On* Tickets



_____ single ticket(s) at \$25 each. Total \$ _____
_____ 5-pack(s)* at \$50 each. Total \$ _____
_____ 15-pack(s)* at \$75 each. Total \$ _____

100 Days of Winning® Cash Calendar™ Add-On* Tickets



_____ single ticket(s) at \$25 each. Total \$ _____
_____ 3-pack(s)* at \$50 each. Total \$ _____
_____ 6-pack(s)* at \$75 each. Total \$ _____

LIMITED QUANTITIES _____ **\$500 Mega Pack(s)*** Total: _____
Includes 5 – Hospital Home Lottery tickets, 5 – 50/50 Add-On tickets and 6 – 100 Days of Winning Cash Calendar Add-On tickets. \$ _____

LIMITED QUANTITIES _____ **\$850 Max Pack(s)*** Total: _____
Includes 10 – Hospital Home Lottery tickets, 15 – 50/50 Add-On tickets and 6 – 100 Days of Winning Cash Calendar Add-On tickets. \$ _____

TOTAL ORDER AMOUNT: \$ _____
Hospital Home Lottery tickets, 50/50 Add-On tickets, 100 Days of Winning Cash Calendar Add-On tickets, Mega Pack tickets, and Max Pack 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: _____ Cardholder's Name _____
_____ M M Y Y _____ Cardholder's Signature _____