

OFFICIAL TICKET REQUEST

SPRING 2024

Complete the Official Ticket Request and send it with your cheque, money order, VISA, MasterCard or American Express number. Official Ticket(s) will be emailed. 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.

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

PURCHASER INFORMATION

Mr. Mrs. Ms. Miss Dr.

First Name _____ Last Name _____

Mailing Address _____

City/Town _____ Province **AB** Postal Code _____

Phone: Home (_____) _____ Cell (_____) _____ Check to receive text alerts. Standard mobile rates may apply.

Year of Birth Email _____ Check here to receive your ticket by mail, otherwise tickets will be sent via email.

DISCLAIMER: Your ticket order request will only be processed if a valid email address and/or phone number have been provided.

**BECOME A MEMBER
AND NEVER MISS A DRAW!**

Check here to automatically receive the below order for ALL future Calgary Health Foundation Hospital Home Lotteries (credit card purchases only).

NOTE: We will contact you prior to charging your card. DISCLAIMER: Your membership request will only be processed if a valid credit card and email address have been provided.

ORDER INFORMATION

Foothills 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 \$ _____

MOST POPULAR **\$525 Mega Pack(s)*** Total: _____
 Includes 5 – Foothills Hospital Home Lottery tickets, 15 – 50/50 Add-On tickets and 6 – 100 Days of Winning Cash Calendar Add-On tickets. \$ _____

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 \$ _____

BEST VALUE **\$875 Max Pack(s)*** Total: _____
 Includes 10 – Foothills Hospital Home Lottery tickets, 15 – 50/50 Add-On tickets and 10 – 100 Days of Winning Cash Calendar Add-On tickets. \$ _____

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 \$ _____
 _____ 10-pack(s)* at \$100 each. Total \$ _____

TOTAL ORDER AMOUNT: \$ _____
 (Foothills 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: Foothills Hospital Home Lottery. Please, no post-dated cheques.

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

Card Number: _____ Expiry Date: _____ Cardholder's Name _____

_____ Cardholder's Signature _____
 M M Y Y

Intended for residents of Alberta. Tickets must be sold and mailed within Alberta. Purchasers must be at least 18 years of age. Calgary Health Foundation 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 1-833-208-4388 or email chflotterycs@mdp.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 Foundation employees, Board members and Development Council members, the raffle manager and their employees, and the partners and employees of the professional services firm of MNP LLP. The liability of the licensee of this lottery shall be limited to the purchase price of the ticket(s).