

2024 OFFICIAL TICKET REQUEST

PURCHASER INFORMATION

☐ Mr. ☐ Mrs. ☐ Ms. ☐ Miss ☐ Dr.

Complete the Official Ticket Request and send it along with your cheque, money order, or VISA, MasterCard or AMEX number. Official Ticket(s) will follow by mail. Tax receipts cannot be issued. Only 42,000 tickets will be sold.



First Name _____ Last Name _____

Mailing Address _____

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

Phone: Work () _____ Home () _____ Cell () _____

Email _____ ☐ Check to receive ticket by Canada Post mail

Check to receive text alerts ☐ Standard mobile rates may apply. Age ☐ 19-24 ☐ 25-34 ☐ 35-49 ☐ 50-64 ☐ 65+ The provision of age information is optional and used only for internal marketing and statistical purposes.

Your personal information is collected and used for two purposes only; to fulfill your order and to notify you about future Health Care Foundation Hospital Home Lotteries. The Health Care Foundation does not sell, trade or lease your personal information. If you wish to be removed from our contact lists, please check here ☐ call 1-866-992-1899 or 709-753-1899, or email nllotterycs@hmp.ca. For ticket inquiries, please call 1-866-764-7088. The following, including their spouse and any related or dependent person residing in the same household, are prohibited from purchasing tickets: senior administrators, board members and employees of the Health Care Foundation, 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 19 years of age. Intended for residents of Newfoundland and Labrador.

LIMITED QUANTITIES	_____ \$575 SUPER PACK(S)*	Includes 6 – Home Lottery Tickets, 25 – 50/50 Add-On Tickets and 10 – 100 Days of Winning Cash Calendar Add-On Tickets.	TOTAL: \$ _____
LIMITED QUANTITIES	_____ \$875 MEGA PACK(S)*	Includes 10 – Home Lottery Tickets, 25 – 50/50 Add-On Tickets and 10 – 100 Days of Winning Cash Calendar Add-On Tickets.	TOTAL: \$ _____

TICKET ORDER INFORMATION	HEALTH CARE FOUNDATION HOME LOTTERY TICKET ORDER INFORMATION	50/50 ADD-ON* TICKET ORDER INFORMATION	100 DAYS OF WINNING* CASH CALENDAR* ADD-ON TICKET ORDER INFORMATION	TOTAL ORDER AMOUNT
	_____ single ticket(s) at \$100 each. Total \$ _____	_____ 5-pack(s)* of 50/50 Add-Ons at \$25 each. Total \$ _____	_____ single _____ 3-pack(s)* of _____ 6-pack(s)* of _____ 10-pack(s)* of	\$ _____ <i>(Home Lottery Tickets, 50/50 Add-On Tickets, 100 Days of Winning Cash Calendar Add-On Tickets)</i>
	_____ 3-pack(s)* at \$250 each. Total \$ _____	_____ 15-pack(s)* of 50/50 Add-Ons at \$50 each. Total \$ _____	100 Days of Winning Cash Calendar Add-On at \$25 each. 100 Days of Winning Cash Calendar Add-Ons at \$50 each. 100 Days of Winning Cash Calendar Add-Ons at \$75 each. 100 Days of Winning Cash Calendar Add-Ons at \$100 each.	
	_____ 5-pack(s)* at \$375 each. Total \$ _____	_____ 25-pack(s)* of 50/50 Add-Ons at \$75 each. Total \$ _____	Total \$ _____ Total \$ _____ Total \$ _____ Total \$ _____	

Make cheque or money order payable to: Health Care Foundation Home Lottery 2024 *(Please, no post-dated cheques)*

(Check only one) ☐ Cheque ☐ Money Order ☐ MasterCard ☐ VISA ☐ AMEX

Mail to: Health Care Foundation Home Lottery, PO Box 7370 Station C, St. John's, NL A1E 3Y5

*All tickets in a 3-pack or 5-pack, each 50/50 Add-On in a 5-pack, 15-pack or 25-pack, each 100 Days of Winning Cash Calendar ticket in a 3-pack, 6-pack or 10-pack, all tickets in a Super Pack, and all tickets in a Mega Pack must contain the same information. *50/50 Add-Ons and 100 Days of Winning Cash Calendar Add-Ons must be ordered in conjunction with your Health Care Foundation Home Lottery ticket. *50/50 Add-On and 100 Days of Winning Cash Calendar Add-On orders will not be accepted after your original Health Care Foundation Home Lottery ticket order date. If a ticket order for the Health Care Foundation Home Lottery is cancelled, any and all 50/50 Add-On tickets and 100 Days of Winning Cash Calendar Add-On tickets associated with that ticket will also be cancelled.

Cardholder's Name _____ Cardholder's Signature _____

Card Number: _____ Expiry Date: _____

Lottery Licence # 23-10407800LT