

# OFFICIAL TICKET REQUEST



**MAIL TO:** NB Hospital Home Lottery,  
PO Box 2200 Saint John, New Brunswick E2L 0B3

Complete the Official Ticket Request Form and send it with your cheque, money order, VISA, MasterCard or AMEX number. Official Ticket(s) will follow.  
Only 46,250 tickets will be sold; limited 3-packs, 5-packs, Super Packs and Mega Packs available.

**PURCHASER INFORMATION**

Mr.  Mrs.  Ms.  Miss  Dr.

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

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

City/Town: \_\_\_\_\_ Province: NB Postal Code: \_\_\_\_\_

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

Email: \_\_\_\_\_

Check to receive text alerts  Standard mobile rates may apply.

Age:  19-24  25-34  35-49  50-64  65+ The provision of age is optional and used only for internal marketing and statistical purposes.

**PRIVACY NOTICE:** Personal information collected will be used to fulfill ticket orders, provide information on our future lotteries, contact prize winners and publicize the names of prize winners. The Saint John Regional Hospital Foundation, Friends of the Moncton Hospital Foundation, and CHU Dumont Foundation does not sell, trade or lease your personal information. If you wish to be removed from our contact lists, please check here , call 1-866-992-1799 or email nb lottery@cs@mnp.ca

## TICKET ORDER INFORMATION

**ORDER INFORMATION**

- \_\_\_\_\_ single ticket(s) at \$100 each
- \_\_\_\_\_ 3-pack(s)<sup>o</sup> at \$250 each
- \_\_\_\_\_ 5-pack(s)<sup>o</sup> at \$375 each

Total \$ \_\_\_\_\_  
Total \$ \_\_\_\_\_  
Total \$ \_\_\_\_\_

**50/50 ADD-ON<sup>o</sup> INFORMATION**

- \_\_\_\_\_ 5-pack(s)<sup>o</sup> of 50/50 Add-Ons<sup>†</sup> at \$25 each
- \_\_\_\_\_ 15-pack(s)<sup>o</sup> of 50/50 Add-Ons<sup>†</sup> at \$50 each
- \_\_\_\_\_ 25-pack(s)<sup>o</sup> of 50/50 Add-Ons<sup>†</sup> at \$75 each

Total \$ \_\_\_\_\_  
Total \$ \_\_\_\_\_  
Total \$ \_\_\_\_\_

**100 DAYS OF WINNING<sup>o</sup> CASH CALENDAR<sup>™</sup> ADD-ON INFORMATION**

- \_\_\_\_\_ single 100 Days of Winning Cash Calendar Add-On(s)<sup>†</sup> at \$25 each
- \_\_\_\_\_ 3-pack(s)<sup>o</sup> of 100 Days of Winning Cash Calendar Add-Ons<sup>†</sup> at \$50 each
- \_\_\_\_\_ 6-pack(s)<sup>o</sup> of 100 Days of Winning Cash Calendar Add-Ons<sup>†</sup> at \$75 each

Total \$ \_\_\_\_\_  
Total \$ \_\_\_\_\_  
Total \$ \_\_\_\_\_

**SUPER PACK INFORMATION (Limited quantities available)**

- \_\_\_\_\_ 6 – Home Lottery tickets, 15 – 50/50 Add-On tickets,  
and 6 – 100 Days of Winning Cash Calendar Add-On tickets, for \$525

Total \$ \_\_\_\_\_

**MEGA PACK INFORMATION (Limited quantities available)**

- \_\_\_\_\_ 10 – Home Lottery tickets, 25 – 50/50 Add-On tickets,  
and 6 – 100 Days of Winning Cash Calendar Add-On tickets, for \$850

Total \$ \_\_\_\_\_



**TOTAL ORDER AMOUNT**

\$ \_\_\_\_\_

\*Each Hospital Home Lottery ticket 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 Add-On in a 3-pack or 6-pack, each ticket in a Super Pack, and each ticket in a Mega Pack must contain the same information. \*50/50 and 100 Days of Winning Cash Calendar Add-On(s) must be ordered in conjunction with your Hospital Home Lottery 2020 ticket. 50/50 and 100 Days of Winning Cash Calendar Add-On orders will not be accepted after your original Hospital Home Lottery 2020 ticket order date.

Method of Payment: (check only one)  Cheque  Money Order  MasterCard  VISA  AMEX

Make cheque or money order payable to: **NB Hospital Home Lottery 2020** (Please, no post-dated cheques)

Cardholder's Name: \_\_\_\_\_ Cardholder's Signature: \_\_\_\_\_

Card Number: \_\_\_\_\_ Expiry Date: \_\_\_\_\_ M M Y Y

