

# 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 50,000 tickets will be sold; limited 3-packs, 5-packs and Super 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 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 nbllottery@deloitte.ca.

## TICKET ORDER INFORMATION

**ORDER INFORMATION**

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

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

\_\_\_\_\_ 3-pack(s)<sup>o</sup> at \$250 each

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

\_\_\_\_\_ 5-pack(s)<sup>o</sup> at \$375 each

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

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

\_\_\_\_\_ single 50/50 Add-On(s)<sup>†</sup> at \$10 each

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

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

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

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

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

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

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

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

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

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 \$ \_\_\_\_\_.



**TOTAL ORDER AMOUNT**  
\$ \_\_\_\_\_

\*Each Hospital Home Lottery ticket in a 3-pack or 5-pack, each 50/50 Add-On in a 5-pack or 15-pack, each 100 Days of Winning Cash Calendar Add-On in a 3-pack or 6-pack, and each ticket in a Super 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 2019 ticket. 50/50 and 100 Days of Winning Cash Calendar Add-On orders will not be accepted after your original Hospital Home Lottery 2019 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 2019** (Please, no post-dated cheques)

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

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

