



BUY YOUR TICKETS NOW

ONLINE: HospitalHomeLottery.org	PHONE: 306-955-8200 1-866-957-0777
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2024 OFFICIAL TICKET REQUEST

MAIL: Complete the Official Ticket Request and send it along with your cheque, money order, or VISA, MasterCard or American Express number. Official ticket(s) will follow by mail. Tax receipts cannot be issued.

PURCHASER INFORMATION Mr. Mrs. Ms. Miss Dr.

First name _____ Last name _____

Mailing address _____

City/Town _____ Province **SK** 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.

The following, including their spouse and any related or dependent person residing in the same household, are prohibited from purchasing a ticket: Board members, executives and staff of the St. Paul's, Saskatoon City and Royal University Hospital Foundations, Executive Teams of Builders contracted to provide real estate prizes to this lottery, any contracted interior designers' partners, and Partners and employees of MNP LLP and its affiliates. The official ticket is a receipt of purchase. Purchasers must be at least 18 years of age. Tickets cannot be purchased in the name of a minor. Tickets must be purchased and sold only in Saskatchewan. Only tickets that have been paid for and/or have been verified as paid for are eligible to be entered in the respective draw(s). The liability of the licensee of this lottery shall be limited to the purchase price of the ticket(s).

St. Paul's, Saskatoon City and Royal University Hospital Foundations are committed to protecting your privacy. 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 Foundations do not rent or sell any personal information to third parties. If you wish to be removed from our contact lists, please check here _____, call 1-866-957-0777 or email saskatoonlotterycs@mnp.ca. Visit HospitalHomeLottery.org for our full privacy statement and a complete list of rules.

TICKET ORDER INFORMATION

<p>Home Lottery Tickets</p> <p>_____ single ticket(s) at \$100 each. Total: \$ _____</p> <p>_____ 3-pack(s)* at \$250 each. Total: \$ _____</p> <p>_____ 5-pack(s)* at \$375 each. Total: \$ _____</p>	<p> 50/50 Add-On*[†]</p> <p>_____ single(s) at \$25 each. Total: \$ _____</p> <p>_____ 15-pack(s)* at \$50 each. Total: \$ _____</p> <p>_____ 25-pack(s)* at \$75 each. Total: \$ _____</p> <p>_____ 50-pack(s)* at \$100 each. Total: \$ _____</p>	<p> 100 Days of Winning Cash Calendar™ Add-On*</p> <p>_____ single(s) at \$25 each. Total: \$ _____</p> <p>_____ 3-pack(s)* at \$50 each. Total: \$ _____</p> <p>_____ 6-pack(s)* at \$75 each. Total: \$ _____</p> <p>_____ 10-pack(s)* at \$100 each. Total: \$ _____</p>
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LIMITED QUANTITIES	<p>\$625 SUPER PACK(s)* Includes 6 - Home Lottery tickets, 50 - 50/50 Add-On tickets and 10 - 100 Days of Winning Cash Calendar Add-On tickets TOTAL: \$ _____</p> <p>\$925 MAX PACK(s)* Includes 10 - Home Lottery tickets, 50 - 50/50 Add-On tickets and 10 - 100 Days of Winning Cash Calendar Add-On tickets TOTAL: \$ _____</p>	<p>TOTAL ORDER AMOUNT: (Home Lottery tickets, 50/50 Add-On tickets, 100 Days of Winning Cash Calendar Add-On tickets, Super Pack and Max Pack tickets)</p> <p>\$ _____</p>
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*Each Hospital Home Lottery ticket in a 3-pack or 5-pack, each 50/50 Add-On in a 15-pack, 25-pack or 50-pack, each 100 Days of Winning Cash Calendar Add-On in a 3-pack, 6-pack or 10-pack, and each ticket in a Super Pack or Max Pack, must contain the same information.
†50/50 Add-On(s) and 100 Days of Winning Cash Calendar Add-On(s) must be ordered in conjunction with your Hospital Home Lottery ticket. Add-On orders will not be accepted after your original Hospital Home Lottery ticket order date.

METHOD OF PAYMENT Make cheque or money order payable to: **The Hospital Home Lottery.**
Please, no post-dated cheques.
(Check only one) Cheque Money order MasterCard VISA AMEX

Mail to: **The Hospital Home Lottery,**
PO Box 86000 Stn Main,
Saskatoon SK S7K 8J6

Cardholder's name _____ Cardholder's signature _____

Card number: _____ Expiry date: _____

-MEMBERSHIP- **Become a member and never miss a draw! HospitalHomeLottery.org/membership-faqs.**

Lottery Licence #LR24-0033