

2019 OFFICIAL TICKET REQUEST



PURCHASER INFORMATION

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 35,500 tickets will be sold.

Mr. Mrs. Ms. Miss Dr.

First Name _____ Last Name _____

Mailing Address _____

City/Town _____ Province NL 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 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 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@deloitte.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 and board members of the Health Care Foundation, and partners and employees of Deloitte 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.

TICKET ORDER INFORMATION

HEALTH CARE FOUNDATION HOME LOTTERY TICKET ORDER INFORMATION

_____ single ticket(s) at \$100 each. Total \$ _____.

_____ 3-pack(s)♦ at \$250 each. Total \$ _____.

_____ 5-pack(s)♦ at \$375 each. Total \$ _____.

50/50 ADD-ON® TICKET ORDER INFORMATION

_____ single 50/50 Add-On(s)† at \$10 each. Total \$ _____.

_____ 5-pack(s)♦ of 50/50 Add-Ons† at \$25 each. Total \$ _____.

_____ 15-pack(s)♦ of 50/50 Add-Ons† at \$50 each. Total \$ _____.



100 DAYS OF WINNING® CASH CALENDAR™ ADD-ON TICKET ORDER INFORMATION

_____ single _____ 3-pack(s)♦ of _____ 6-pack(s)♦ of
 100 Days of Winning 100 Days of Winning 100 Days of Winning
 Cash Calendar Cash Calendar Cash Calendar
 Add-On† at \$25 each. Add-Ons† at \$50 each. Add-Ons† at \$75 each.

Total \$ _____ Total \$ _____ Total \$ _____.



LIMITED QUANTITIES

_____ **\$525 SUPER PACK(S)♦** Includes 6 – Home Lottery Tickets, 15 – 50/50 Add-On Tickets and 6 – 100 Days of Winning Cash Calendar Add-On Tickets.

TOTAL: \$ _____

TOTAL ORDER AMOUNT \$ _____
 (Home Lottery Tickets, 50/50 Add-On Tickets and 100 Days of Winning Cash Calendar Add-On Tickets)

*All tickets 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 ticket in a 3-pack or 6-pack, and all tickets in a Super 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 HCF Home Lottery ticket. 50/50 Add-On and 100 Days of Winning Cash Calendar Add-On orders will not be accepted after your original HCF Home Lottery ticket order date. If a ticket order for the HCF 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.

Make cheque or money order payable to: Health Care Foundation Home Lottery 2019 (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

Cardholder's Name _____ Cardholder's Signature _____

Card Number: _____ Expiry Date: _____ M M Y Y