

Ticket order form



(OFFICIAL TICKET will follow in approximately 2-3 weeks) Ticket order form must be received at the ticket sales centre to be valid.

Please send me _____ ticket(s) at \$100 each

_____ set(s) of 3 tickets for \$250

_____ set(s) of 5 tickets for \$375

EACH TICKET IN A SET MUST CONTAIN THE SAME INFORMATION.

Total amount of payment \$ _____

Name _____
LAST FIRST INITIAL

Address _____

City/Town _____ Prov. _____ Postal Code _____

Home (____) _____ Work (____) _____

Email Address _____

For Ticket Inquiries Please Phone Toll Free 1.888.944.2774

or write: PO Box 1850, Station Main, Edmonton, Alberta T5J 4V5

In the event all tickets have been sold when this ticket order form is received at the ticket processing centre, the purchaser will be sent an immediate notice and where applicable a refund of the ticket purchase amount.

Please make all cheques and money orders payable to:

Caritas Hospitals Foundation Lottery 2010

NO post-dated cheques accepted

Cheque Money Order MasterCard Visa American Express

Card No. • • •

Expiry Date • Signature _____

Both the Caritas Hospitals Foundation Lottery and Stride Management Corp. respect your privacy. We do not rent, sell or trade our mailing lists. The personal information collected by the Caritas Hospitals Foundation Lottery will be used to process ticket orders and to contact you regarding ongoing and future lotteries. The names, cities and winning ticket numbers of winners will be posted on the Caritas Hospitals Foundation Lottery website. Ticket sales are allowed only within Alberta. Purchaser must be 18 years or older. Lottery License #294932