Calgary Health Foundation
HOSPITAL HOME LOTTERY™

OFFICIAL TICKET REQUEST

FALL 2026

Complete the Official Ticket Request and send it with your cheque, money order, VISA, MasterCard or American Express number. Official Ticket(s) will be emailed. Tax receipts cannot be issued. Calgary Hospital Home Lottery tickets, 50/50 Add-On tickets and Weekday Winnings Add-On tickets will be mailed separately.

Mail to: Calgary Hospital Home Lottery, Box 1818 Station M, Calgary, AB T2P 4R6

PURCHASER INFORMATION

☐ Mr. ☐ Mrs. ☐ Ms. ☐ Miss ☐ Dr.

Email (Required)_____

First Name _____ Last Name_____

Mailing Address _____

City/Town_____ Province **AB** Postal Code ___ ___ ___ – ___ ___ ___

Phone: Home ( ) _____ Cell ( ) _____ ☐ Check to receive text alerts. Standard mobile rates may apply.

Year of Birth ___ ___ ___ ___ (y y y y)

DISCLAIMER: Your ticket order request will only be processed if a valid email address and/or phone number have been provided. Tickets will be emailed to you.

BECOME A MEMBER AND NEVER MISS A DRAW!

☐ Check here to automatically receive the below order for ALL future Calgary Health Foundation Hospital Home Lotteries (credit card purchases only).

NOTE: We will contact you prior to charging your card. DISCLAIMER: Your membership request will only be processed if a valid credit card and email address have been provided.

ORDER INFORMATION

Calgary Hospital Home Lottery™ Tickets

_____single ticket(s) at $110 each. Total $_____

_____3-pack(s)♦ at $275 each. Total $_____

_____5-pack(s)♦ at $400 each. Total $_____

_____10-pack(s)♦ at $750 each. Total $_____

MOST POPULAR

_____ **$550 Mega Pack(s)♦** Total:

Includes 5 – Calgary Hospital Home Lottery tickets, 15 – 50/50 Add-On tickets and 6 – Weekday Winnings Add-On tickets.

$_____

50/50 Add-On®† Tickets

_____single ticket(s) at $25 each. Total $_____

_____5-pack(s)♦ at $50 each. Total $_____

_____15-pack(s)♦ at $75 each. Total $_____

_____50-pack(s)♦ at $100 each. Total $_____

BEST VALUE

_____ **$950 Max Pack(s)♦** Total:

Includes 10 – Calgary Hospital Home Lottery tickets, 50 – 50/50 Add-On tickets and 10 – Weekday Winnings Add-On tickets.

$_____

Weekday Winnings Add-On† Tickets

_____single ticket(s) at $25 each. Total $_____

_____3-pack(s)♦ at $50 each. Total $_____

_____6-pack(s)♦ at $75 each. Total $_____

_____10-pack(s)♦ at $100 each. Total $_____

TOTAL ORDER AMOUNT: $_____

(Calgary Hospital Home Lottery tickets, 50/50 Add-On tickets, Weekday Winnings Add-On tickets, Mega Pack tickets, and Max Pack tickets)

METHOD OF PAYMENT

Make cheques payable to: Calgary Hospital Home Lottery. Please, no post-dated cheques.

(Check only one) ☐ Cheque ☐ Money Order ☐ MasterCard ☐ VISA ☐ American Express

Card Number: Expiry Date: Cardholder's Name _____

___ ___ ___ ___ • ___ ___ ___ ___ • ___ ___ ___ ___ • ___ ___ ___ ___ (M M y y)

Cardholder's Signature _____

Tickets intended for persons in Alberta at time of purchase only. Restrictions apply. Purchasers must be at least 18 years of age. Calgary Health Foundation respects your privacy. We do not rent, sell or trade our contact lists. Personal information collected will be used to keep you informed of our charitable work, funding needs and opportunities to volunteer or give. In addition, we will use this information to fulfill ticket orders, provide information on our future lotteries, contact prize winners and publicize the names of prize winners. If you wish to be removed from our contact lists, please check here ☐, call 1-833-208-4388 or email chflotterycs@mnp.ca. The following, including their spouse and any related or dependent person residing in the same household, are prohibited from purchasing a ticket: Calgary Health Foundation employees, Board members and Development Council members, the raffle manager and their employees, and the partners and employees of the professional services firm of MNP LLP.

LL #780470, 84, 58