

# OFFICIAL TICKET REQUEST

FALL 2025

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 [Cash Calendar 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            

**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 \$100 each. Total \$ \_\_\_\_\_  
 \_\_\_\_\_ 3-pack(s)\* at \$250 each. Total \$ \_\_\_\_\_  
 \_\_\_\_\_ 5-pack(s)\* at \$375 each. Total \$ \_\_\_\_\_  
 \_\_\_\_\_ 10-pack(s)\* at \$700 each. Total \$ \_\_\_\_\_

**MOST POPULAR** **\$525 Mega Pack(s)\*** Total: \_\_\_\_\_  
 Includes 5 – Calgary Hospital Home Lottery tickets, 15 – 50/50 Add-On tickets and 6 – Cash Calendar 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 \$ \_\_\_\_\_

**BEST VALUE** **\$875 Max Pack(s)\*** Total: \_\_\_\_\_  
 Includes 10 – Calgary Hospital Home Lottery tickets, 15 – 50/50 Add-On tickets and 10 – Cash Calendar Add-On tickets. \$ \_\_\_\_\_

### Cash Calendar™ 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, Cash Calendar 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 \_\_\_\_\_

\_\_\_\_\_ Cardholder's Signature \_\_\_\_\_  
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Tickets intended for persons in Alberta at time of purchase. 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 [chlottery@chnp.ca](mailto:chlottery@chnp.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.