

BUY YOUR TICKETS NOW!



HOSPITALS OF REGINA
FOUNDATION
HOME LOTTERY™

**EARLY BIRD PRIZE DEADLINE:
MIDNIGHT, NOVEMBER 6**
EARLY BIRD WINNER ANNOUNCEMENT:
NOVEMBER 26, 2020*

**FINAL DEADLINE:
MIDNIGHT, NOVEMBER 27**
GRAND PRIZE WINNER ANNOUNCEMENT:
DECEMBER 10, 2020*

ONLINE:	hrfHomeLottery.com	PHONE:	306-347-3400 • 1-800-667-7760
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MAIL: **2020 OFFICIAL TICKET REQUEST**
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. Only 46,000 Home Lottery tickets will be sold.

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.
 Tickets must be purchased and mailed within Saskatchewan. Purchasers must be at least 18 years of age. The following, including their spouse and any related or dependent person residing in the same household, are prohibited from purchasing a ticket: the directors, executives and staff of Hospitals of Regina Foundation, board and executive teams of builders contracted to provide real estate prizes to this lottery and any contracted interior designers, partners and employees of MNP LLP and its affiliates. Hospitals of Regina Foundation respects your privacy. We do not rent, sell or trade our contact lists. 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. If you wish to be removed from our contact lists, please check here ____, or call 1-800-667-7760 or email reginalottery@hospitalsofregina.ca. The liability of the licensee of this lottery shall be limited to the purchase price of the ticket(s).

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> 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>
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LIMITED QUANTITIES	_____ \$500 SUPER PACK(s)*	Includes 6 – Home Lottery tickets, 15 – 50/50 Add-On tickets and 3 – 100 Days of Winning Cash Calendar Add-On tickets TOTAL: \$ _____
	_____ \$850 MAX PACK(s)*	Includes 10 – Home Lottery tickets, 25 – 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, 100 Days of Winning Cash Calendar Add-On tickets, Super Pack and Max Pack tickets)
 \$ _____

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

**Mail to: Hospitals of Regina
 Foundation Home Lottery
 PO Box 5020, Regina SK S4P 3M3**

Cardholder's name _____ Cardholder's signature _____

Card number: _____ . _____ . _____ . _____ . _____ Expiry date: _____ / _____ M M Y Y