

ORDER YOUR TICKETS!



MAIL

Princess Margaret Cancer Centre Home Lottery 2017
PO Box 4396, Stn A
Toronto, ON M5W 3T3

**PRINCESS MARGARET CANCER CENTRE HOME LOTTERY™, 50/50 ADD-ON^{PT}
& 100 DAYS OF WINNING CASH CALENDAR™ 2017 OFFICIAL TICKET REQUEST**

PURCHASER INFORMATION

Mr. Mrs. Ms. Miss Dr.

Official Ticket(s) will follow by mail. 50/50 Add-On number(s) will be listed on your Home Lottery Official Ticket. 100 Days of Winning Cash Calendar ticket(s) will be mailed separately. Tax receipts cannot be issued.

First Name _____ Last Name _____

Suite/Apt. _____ Address _____

City/Town _____ Prov. ON 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.

The following individuals, all of their immediate family members, and anyone residing in the same household are prohibited from ordering a ticket: Board members and employees of The Princess Margaret Cancer Foundation, members of the UHN Board of Trustees and Executive Team, Princess Margaret Cancer Centre Executive Team; partners and employees of Deloitte LLP and its affiliates; and members of licensed gaming suppliers providing services to this program. The official ticket is a receipt of purchase. It is the responsibility of ticket purchasers to ensure that they receive their ticket(s); however, purchasers do not need their ticket(s) in hand in order to be included in the respective draw(s). No refunds will be issued after the commencement of the draws. Participants must be at least 18 years of age. Tickets cannot be ordered in the name of a minor. Only tickets that have been paid for, and/or have been verified as paid for, are eligible to be entered for the respective draw(s). Tickets must be ordered and mailed within the province of Ontario. The liability of the license of the lottery shall be limited to the purchase price of the ticket.

PRIVACY NOTICE: The Princess Margaret Cancer Foundation is committed to protecting your privacy. 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. The Foundation does not trade, rent or sell any personal information to third parties. If you wish to be removed from our contact lists, please check here or call 1-866-631-1234. Visit PrincessMargaretLotto.com for our full privacy statement. The Princess Margaret Cancer Foundation, 610 University Avenue, Toronto, ON, M5G 2M9.

HOME LOTTERY TICKET ORDER INFORMATION




Princess Margaret Cancer Centre
HOME
LOTTERY™
Only 375,000 tickets will be sold.
Lot. Lic. #: 8590

_____ 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



50/50 Add-On tickets must be ordered in conjunction with & at the same time as your Home Lottery ticket & will be assigned to the same ticketholder.


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

_____ 5-Pack(s)* of 50/50 Add-On tickets
at \$25 each. Total \$ _____.

_____ 15-Pack(s)* of 50/50 Add-On tickets
at \$50 each. Total \$ _____.

There will be no restriction on the number of 50/50 Add-On tickets offered for sale.
Lot. Lic. #: 8592

100 DAYS OF WINNING CASH CALENDAR™ TICKET ORDER INFORMATION



Only 230,000 tickets will be sold.
Lot. Lic. #: 8593

_____ single 100 Days of Winning Cash Calendar ticket(s)
at \$25 each. Total \$ _____.

_____ 3-Pack(s)* of 100 Days of Winning Cash Calendar tickets
at \$50 each. Total \$ _____.

_____ 6-Pack(s)* of 100 Days of Winning Cash Calendar tickets
at \$75 each. Total \$ _____.

Make cheque or money order payable to: **Princess Margaret Lotteries.** (Please, no post-dated cheques). Tax receipts cannot be issued.

Method of Payment: (Check only one) Cash Cheque Money Order MasterCard VISA American Express **TOTAL ORDER AMOUNT: \$ _____**

Cardholder's Name _____ Cardholder's Signature _____

Card Number: • • • Expiry Date: •
M M Y Y

*Each Home Lottery, 50/50 Add-On and 100 Days of Winning Cash Calendar pack order must contain the same information.