Calgary Health Foundation FOOTHILLS HOSPITAL	OFFICIAL TICKET	REQUEST SPRING 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. Foothills Hospital Home Lottery tickets, 50/50 Add-On tickets and Cash Calendar Add-On tickets will be mailed separately.		
LOTTERY Mail to: Foothills Hospital Home Lottery, Box 1818 Station M, Calgary, AB T2P 4R6		
Email (Required)		
First NameLast Name		
Mailing Address		
Phone: Home ()	Cell ()	Check to receive text alerts. Standard mobile rates may apply.
Year of Birthy y y yyy DISCLAIMER: Your ticket order request will only be processed if a valid email address and/or phone number have been provided.		
	eceive the below order for ALL future ospital 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 Foothills Hospital Home Lottery TM Tickets	50/50 Add-On®† Tickets	Cash Calendar [™] Add-On [†] Tickets
single ticket(s) at \$100 each. Total \$	single ticket(s) at \$25 each. Total \$	ADD-ON
3-pack(s)* at \$250 each. Total \$	5-pack(s)* at \$50 each. Total \$	3-pack(s)* at \$50 each. Total \$
5-pack(s)* at \$375 each. Total \$		6-pack(s)* at \$75 each. Total \$
10-pack(s)* at \$700 each. Total \$	15-pack(s)* at \$75 each. Total \$	10-pack(s)* at \$100 each. Total \$
\$525 Mega Pack(s)* Total: Includes 5 - Foothills Hospital Home Lottery tickets, 15 - 50/50 Add-On tickets and \$ 6 - Cash Calendar Add-On tickets. \$	\$875 Max Pack(s)* Total: Includes 10 - Foothills Hospital Home Lottery tickets, 15 - 50/50 Add-On tickets and 10 - Cash Calendar Add-On tickets. \$	TOTAL ORDER AMOUNT: \$ (Foothills 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: Foothills 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	
Intended for residents of Alberta. Tickets must be sold and mailed within Alberta. 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 \Box , 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. The liability of the licensee of this lottery shall be limited to the purchase price of the ticket(s).		