

2025 OFFICIAL TICKET REQUEST



PURCHASER INFORMATION

Mr. Mrs. Ms. Miss Dr.

Complete the Official Ticket Request and send it along with your cheque, money order, or VISA, MasterCard or AMEX number. Official Ticket(s) will follow by mail. Tax receipts cannot be issued. Only 43,500 tickets will be sold.

First Name _____ Last Name _____

Mailing Address _____

City/Town _____ Province N.L. Postal Code _____

Phone: Work (_____) _____ Home (_____) _____ Cell (_____) _____

Email _____

Check to receive text alerts Standard mobile rates may apply. Age 19-24 25-34 35-49 50-64 65+ The provision of age information is optional and used only for internal marketing and statistical purposes.

Your personal information is collected and used for two purposes only; to fulfil your order and to notify you about future Health Care Foundation Hospital Home Lotteries. The Health Care Foundation does not sell, trade or lease your personal information. If you wish to be removed from our contact lists, please check here call 1 (866) 992-1899 or (709) 753-1899, or email nlotterycs@mnp.ca. For ticket inquiries, please call 1 (866) 764-7088. The following, including their spouse and any related or dependent person residing in the same household, are prohibited from purchasing tickets: senior administrators, board members and employees of the Health Care Foundation, and partners and employees of MNP LLP and its affiliates. The liability of the licensee of this lottery shall be limited to the purchase price of the ticket(s). Purchasers must be at least 19 years of age. Intended for residents of Newfoundland and Labrador.

MEMBERSHIP BECOME A MEMBER AND NEVER MISS A DRAW!

Check here to automatically receive the below order for ALL future HCF Home Lotteries (credit card purchases only).

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

LIMITED QUANTITIES	_____ \$575	Includes 6 – Home Lottery Tickets, 25 – 50/50 Add-On Tickets and 10 – Cash Calendar* Add-On Tickets.	TOTAL: \$ _____	LIMITED QUANTITIES	_____ \$875	Includes 10 – Home Lottery Tickets, 25 – 50/50 Add-On Tickets and 10 – Cash Calendar* Add-On Tickets.	TOTAL: \$ _____
	SUPER PACK(S)*				MEGA PACK(S)*		

TICKET ORDER INFORMATION	HEALTH CARE FOUNDATION HOME LOTTERY TICKET ORDER INFORMATION	50/50 ADD-ON* TICKET ORDER INFORMATION	50/50	CASH CALENDAR* ADD-ON TICKET ORDER INFORMATION	CASH CALENDAR ADD-ON	TOTAL ORDER AMOUNT
	_____ single ticket(s) at \$100 each. Total \$ _____ _____ 3-pack(s)* at \$250 each. Total \$ _____ _____ 5-pack(s)* at \$375 each. Total \$ _____	_____ 5-pack(s)* of 50/50 Add-Ons at \$25 each. Total \$ _____ _____ 15-pack(s)* of 50/50 Add-Ons at \$50 each. Total \$ _____ _____ 25-pack(s)* of 50/50 Add-Ons at \$75 each. Total \$ _____ _____ 50-pack(s)* of 50/50 Add-Ons at \$100 each. Total \$ _____	_____ single Cash Calendar Add-On at \$25 each. Total \$ _____ _____ 3-pack(s)* of Cash Calendar Add-Ons at \$50 each. Total \$ _____ _____ 6-pack(s)* of Cash Calendar Add-Ons at \$75 each. Total \$ _____ _____ 10-pack(s)* of Cash Calendar Add-Ons at \$100 each. Total \$ _____		_____ single Cash Calendar Add-On at \$25 each. Total \$ _____ _____ 3-pack(s)* of Cash Calendar Add-Ons at \$50 each. Total \$ _____ _____ 6-pack(s)* of Cash Calendar Add-Ons at \$75 each. Total \$ _____ _____ 10-pack(s)* of Cash Calendar Add-Ons at \$100 each. Total \$ _____	

Make cheque or money order payable to: Health Care Foundation Home Lottery 2025 (Please, no post-dated cheques)

(Check only one) Cheque Money Order MasterCard VISA AMEX

Mail to: Health Care Foundation Home Lottery, PO Box 7370 Station C, St. John's, NL A1E 3Y5

*All tickets in a 3-pack or 5-pack, each 50/50 Add-On in a 5-pack, 15-pack, 25-pack, or 50-Pack, each Cash Calendar ticket in a 3-pack, 6-pack or 10-pack, all tickets in a Super Pack, and all tickets in a Mega Pack must contain the same information. 50/50 Add-Ons and Cash Calendar Add-Ons must be ordered in conjunction with your Health Care Foundation Home Lottery ticket. 50/50 Add-On and Cash Calendar Add-On orders will not be accepted after your original Health Care Foundation Home Lottery ticket order date. If a ticket order for the Health Care Foundation Home Lottery is cancelled, any and all 50/50 Add-On tickets and Cash Calendar Add-On tickets associated with that ticket will also be cancelled.

Cardholder's Name _____ Cardholder's Signature _____

Card Number: _____ Expiry Date: _____ M M Y Y