OFFICIAL TICKET REQUEST

MAIL TO: Stollery Children's Hospital Foundation Mighty Millions Lottery Spring 2025 PO Box 2378, Edmonton, AB T5J 2R8



Number:

ONLY 78,500 MIGHTY MILLIONS® LOTTERY TICKETS ARE AVAILABLE:

Single tickets for \$100 each 3-packs for \$250 each 5-packs for \$375 each and 10-packs for \$700 each

ONLY 243,175 50/50 ADD-ON® TICKETS ARE AVAILABLE:

Single tickets for \$25 each 5-packs for \$50 each and 15-packs for \$75 each

ONLY 81,218 CASH CALENDAR™ ADD-ON TICKETS ARE AVAILABLE:

Single tickets for \$25 each 3-packs for \$50 each 6-packs for \$75 each and 10-packs for \$100 each

Date:

irst NameL	ast Name			
Mailing Address				
ity/TownProvince_AB_Postal Code				
Phone: Home() YYYY / MM / DD	Cell()		
Date of Birth		Check to receive	e text alei	rts Standard mobile rates may appl
DISCLAIMER: Your ticket order request will only be processed if a valid em			rovided.	Tickets will be emailed to you.
ORDER INFORMATION	50/50	Add-On Tickets [†]		
Mighty Millions Lottery Tickets	50	_single ticket(s) at \$25	each	Total: \$
	ADD-ON	_5-Pack(s)* at \$50 each	h	Total: \$
single ticket(s) at \$100 each Total: \$		_ 15-Pack(s)* at \$75 eac	ch	Total: \$
3-Pack(s)*at \$250 each Total: \$	CASH Cash	Calendar Add-On Tic	kets [†]	
3-Pack(s)* at \$250 each Total: \$	ADD-ON	_single ticket(s) at \$25	each	Total: \$
5-Pack(s)* at \$375 each Total: \$		_ 3-Pack(s)* at \$50 each	h	Total: \$
		_6-Pack(s)* at \$75 eacl	h	Total: \$
10-Pack(s)* at \$700 each		_ 10-Pack(s)* at \$100 ed	ach	Total: \$
MOST POPULAR! MEGA-PACK - \$525 Includes 5 - Mighty Millions Lottery tickets, 15 - 50/50 Add-On tickets and 6 - Cash Calendar Add-On tickets	BEST DI MAX-P	EAL! ACK - \$875	15 - 50/	es 10 - Mighty Millions Lottery tickets, /50 Add-On tickets and ish Calendar Add-On tickets
Mega-Pack(s) of at \$525 each Total: \$		Max-Pack(s) [†] at \$875 each	Total:	\$
Mighty Millions Lottery tickets, 50/50 Add-On tickets, Cash Calendar Add-On tickets, Mega-Pack and Max-Pack tickets.	TOTAL C	ORDER AMOUNT \$_		
	OTE: We will contact y	er for ALL future Stollery Children's H ou prior to charging your card. DIS is have been provided.		
METHOD OF PAYMENT Make cheques payable to: St	ollery Children	's Hospital Foundation	Might	y Millions Lottery.
llease, no post-dated cheques.		_		
Check only one)	MasterCard	□VISA		
Cardholder's Name C	ardholder's Sid	gnature		

^{†*}For full Rules and Regulations please visit MightyMillionsLottery.com. Intended for residents of Alberta. Tickets must be sold and mailed within Alberta. Purchasers must be at least 18 years of age. Stollery Children's Hospital 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 __ or call 1-877-773-1593. The following, including their spouse and any related or dependent person residing in the same household, are prohibited from purchasing a ticket: Stollery Children's Hospital Foundation employees, Board members, the raffle manager and their employees, and the partners and employees of the professional services firm MNP LLP and its affiliates. The liability of the licensee of this lottery shall be limited to the purchase price of the ticket(s).