



HOSPITALS OF REGINA  
FOUNDATION  
**HOME LOTTERY™**

**EARLY BIRD PRIZE DEADLINE: MIDNIGHT, NOV. 8**

**FINAL DEADLINE: MIDNIGHT, NOV. 22**

EARLY BIRD PRIZE WINNER ANNOUNCEMENT: MIDNIGHT, NOV. 21, 2024\* GRAND PRIZE WINNER ANNOUNCEMENT: MIDNIGHT, DEC. 5, 2024\*

**ONLINE:** [HRFHomeLottery.com](http://HRFHomeLottery.com) **PHONE:** **306-347-3400 • 1-800-667-7760**

**FALL 2024 OFFICIAL TICKET REQUEST**

**MAIL:** 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 58,875 Home Lottery tickets will be available.

**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 reginalotterycs@mnp.ca. The liability of the licensee of this lottery shall be limited to the purchase price of the ticket(s).

**TICKET ORDER INFORMATION**

<p><b>Home Lottery Tickets</b></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><b>50/50 Add-On®</b></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><b>Cash Calendar™ Add-On!</b></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> <p>_____ 10-pack(s)* at \$100 each. Total: \$ _____</p>
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<b>LIMITED QUANTITIES</b>	<p><b>\$75 SUPER PACK(s)*</b> Includes <b>6</b> – Home Lottery tickets, <b>25</b> – 50/50 Add-On tickets and <b>10</b> – Cash Calendar Add-On tickets TOTAL: \$ _____</p>
	<p><b>\$875 MAX PACK(s)*</b> Includes <b>10</b> – Home Lottery tickets, <b>25</b> – 50/50 Add-On tickets and <b>10</b> – Cash Calendar Add-On tickets TOTAL: \$ _____</p>

**TOTAL ORDER AMOUNT:** (Home Lottery tickets, 50/50 Add-On tickets, 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: \_\_\_\_\_  
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