



BUY YOUR TICKETS NOW

ONLINE: HospitalHomeLottery.org

PHONE: **306-955-8200 | 1-866-957-0777**

2025 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 be emailed. Tax receipts cannot be issued.

PURCHASER INFORMATION

☐ Mr. ☐ Mrs. ☐ Ms. ☐ Miss ☐ Dr.

First name _____ Last name _____

Mailing address _____

City/Town _____ Province **SK** Postal code _____

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

Email _____

DISCLAIMER: Your ticket order request will only be processed if a valid email address and/or phone number have been provided.



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, including their spouse and any related or dependent person residing in the same household, are prohibited from purchasing a ticket: Board members, executives and staff of the Royal University, St. Paul's and Saskatoon City Hospital Foundations, Executive Teams of Builders contracted to provide real estate prizes to this lottery, any contracted interior designers' partners, and Partners and employees of MNP LLP and its affiliates. The official ticket is a receipt of purchase. Purchasers must be at least 18 years of age. Tickets cannot be purchased in the name of a minor. Tickets must be purchased and sold only within Saskatchewan. Only tickets that have been paid for and/or have been verified as paid for are eligible to be entered in the respective draw(s). The liability of the licensee of this lottery shall be limited to the purchase price of the ticket(s).

Royal University, St. Paul's and Saskatoon City Hospital Foundations are 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 Foundations do not rent or sell any personal information to third parties. If you wish to be removed from our contact lists, please check here _____, call 1-866-957-0777 or email saskatoonlottery@cs.mnp.ca. Visit HospitalHomeLottery.org for our full privacy statement and a complete list of rules.

TICKET ORDER INFORMATION

| Home Lottery Tickets |  50/50 Add-On* |  Cash Calendar™ Add-On† |
|--|--|---|
| _____ single(s) at \$100 each. Total: \$ _____ | _____ single(s) at \$25 each. Total: \$ _____ | _____ single(s) at \$25 each. Total: \$ _____ |
| _____ 3-pack(s)* at \$250 each. Total: \$ _____ | _____ 15-pack(s)* at \$50 each. Total: \$ _____ | _____ 3-pack(s)* at \$50 each. Total: \$ _____ |
| _____ 5-pack(s)* at \$375 each. Total: \$ _____ | _____ 25-pack(s)* at \$75 each. Total: \$ _____ | _____ 6-pack(s)* at \$75 each. Total: \$ _____ |
| _____ 6-pack(s)* at \$425 each. Total: \$ _____ | _____ 50-pack(s)* at \$100 each. Total: \$ _____ | _____ 10-pack(s)* at \$100 each. Total: \$ _____ |
| _____ 10-pack(s)* at \$725 each. Total: \$ _____ | | |

| TOP CHOICE | \$625 SUPER PACK(s)* | Includes 6 - Home Lottery tickets, 50 - 50/50 Add-On tickets and 10 - Cash Calendar Add-On tickets | TOTAL: \$ _____ | TOTAL ORDER AMOUNT: | (Home Lottery tickets, 50/50 Add-On tickets, Cash Calendar Add-On tickets, Super Pack and Max Pack tickets) |
|------------|-----------------------------|--|-----------------|----------------------------|---|
| BEST DEAL | \$925 MAX PACK(s)* | Includes 10 - Home Lottery tickets, 50 - 50/50 Add-On tickets and 10 - Cash Calendar Add-On tickets | TOTAL: \$ _____ | \$ _____ | |

*Each Hospital Home Lottery ticket in a 3-pack, 5-pack, 6-pack or 10-pack, each 50/50 Add-On in a 15-pack, 25-pack or 50-pack, each Cash Calendar Add-On in a 3-pack, 6-pack or 10-pack, and each ticket in a Super Pack or Max Pack, must contain the same information.

METHOD OF PAYMENT Make cheque or money order payable to: **The Hospital Home Lottery.**

Please, no post-dated cheques.

(Check only one) ☐ Cheque ☐ Money order ☐ MasterCard ☐ VISA ☐ AMEX

Mail to: **The Hospital Home Lottery,
PO Box 86000 Stn Main,
Saskatoon SK S7K 8J6**

Cardholder's name _____ Cardholder's signature _____

Card number: _____ Expiry date: _____

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Lottery Licence #LR25-0016

-MEMBERSHIP-

Become a member and never miss a draw! HospitalHomeLottery.org/membership-faq.