



BUY YOUR TICKETS NOW

ONLINE: HospitalHomeLottery.org

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

2026 FALL 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 Saskatoon City, Royal University and St. Paul's 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).

Saskatoon City, Royal University and St. Paul's 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@scs.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*	 Weekday Winnings 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: \$ _____
_____ 12-pack(s)* at \$775 each. Total: \$ _____		

TOP CHOICE	\$625 SUPER PACK(s)*	Includes 6 - Home Lottery tickets, 50 - 50/50 Add-On tickets and 10 - Weekday Winnings Add-On tickets TOTAL: \$ _____	TOTAL ORDER AMOUNT: (Home Lottery tickets, 50/50 Add-On tickets, Weekday Winnings Add-On tickets, Super Pack and Max Pack tickets) \$ _____
BEST DEAL	\$975 MAX PACK(s)*	Includes 12 - Home Lottery tickets, 50 - 50/50 Add-On tickets and 10 - Weekday Winnings Add-On tickets TOTAL: \$ _____	

*Each Hospital Home Lottery ticket in a 3-pack, 5-pack, 6-pack or 12-pack, each 50/50 Add-On in a 15-pack, 25-pack or 50-pack, each Weekday Winnings 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 #LR26-0014

-MEMBERSHIP-

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