

OFFICIAL TICKET REQUEST

MAIL TO: Stollery Children's Hospital Foundation Mighty Millions Lottery 2020
PO Box 2378, Edmonton, AB T5J 2R8



MIGHTY MILLIONS LOTTERY™

ONLY 92,475 MIGHTY MILLIONS LOTTERY™ TICKETS ARE AVAILABLE:

31,725 single tickets for \$100 each,
6,750 3-Packs for \$250 each,
4,950 5-Packs for \$375 each and
1,575 10-Packs for \$700 each.

ONLY 204,353 50/50 ADD-ON® TICKETS ARE AVAILABLE:

18,383 single tickets for \$25 each,
17,955 5-Packs for \$50 each and
6,413 15-Packs for \$75 each.

ONLY 87,822 100 DAYS OF WINNING® CASH CALENDAR™ ADD-ON TICKETS ARE AVAILABLE:

15,300 single tickets for \$25 each,
6,426 3-Packs for \$50 each and
8,874 6-Packs for \$75 each.

PURCHASER INFORMATION

Mr. Mrs. Ms. Miss Dr.

First Name _____ Last Name _____

Mailing Address _____

City/Town _____ Province AB 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.

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 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 1-855-505-4800. 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 MNP LLP and its affiliates. The liability of the licensee of this lottery shall be limited to the purchase price of the ticket(s).

ORDER INFORMATION

Mighty Millions Lottery Tickets

_____ single ticket(s) at \$100 each. Total: \$ _____

_____ 3-Pack(s)* at \$250 each. Total: \$ _____

_____ 5-Pack(s)* at \$375 each. Total: \$ _____

_____ 10-Pack(s)* at \$700 each. Total: \$ _____



50/50 Add-On Tickets†

_____ single ticket(s) at \$25 each. Total: \$ _____

_____ 5-Pack(s)* at \$50 each. Total: \$ _____

_____ 15-Pack(s)* at \$75 each. Total: \$ _____



100 Days of Winning Cash Calendar Add-On Tickets†

_____ single ticket(s) at \$25 each. Total: \$ _____

_____ 3-Pack(s)* at \$50 each. Total: \$ _____

_____ 6-Pack(s)* at \$75 each. Total: \$ _____

MOST POPULAR! MEGA-PACK - \$500

Includes **5** - Mighty Millions Lottery tickets,
5 - 50/50 Add-On tickets and **6** - 100 Days of
Winning Cash Calendar Add-On tickets.

_____ Mega-Pack(s) at \$500 each. Total: \$ _____

LIMITED QUANTITIES! MAX-PACK - \$850

Includes **10** - Mighty Millions Lottery tickets,
15 - 50/50 Add-On tickets and **6** - 100 Days of
Winning Cash Calendar Add-On tickets.

_____ Max-Pack(s) at \$850 each. Total: \$ _____

Mighty Millions Lottery tickets, 50/50 Add-On tickets, 100 Days of Winning Cash Calendar Add-On tickets, Mega-Pack and Max-Pack tickets.

TOTAL ORDER AMOUNT \$ _____

METHOD OF PAYMENT

Make cheques payable to: **Stollery Children's Hospital Foundation Mighty Millions Lottery.**

Please, no post-dated cheques.

(Check only one) Cheque Money Order Debit (In Person) MasterCard VISA

Cardholder's Name _____ Cardholder's Signature _____

Card Number: _____ Expiry Date: _____

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