



Please complete and fax to 604-960-1830

Or mail cheques payable to: Children's Hospital Lottery

c/o KNV Chartered Accountants LLP 200 - 15300 Croydon Drive Surrey, B.C. V3S 0Z5

Ticket Purchasers must be 19 years of age or older

To order by phone instead, call 604-692-2333

or toll-free 1-888-887-8771

Details at bcchildren.com

Official Ticket Request Form

Please print clearly.

Please confirm that you are in the province of BC as you complete this form
Please confirm that you are 19 years of age or older

CHOICES LOTTERY TICKET QUANTITY

3 -Ticket Packs requested @ \$100/pack = \$
6 -Ticket Packs requested @ \$175/pack = \$
9 -Ticket Packs requested @ \$250/pack = \$
20 -Ticket Packs requested @ \$500/pack = \$

50/50 PLUS TICKET QUANTITY

1 -Ticket requested @ \$10 each = \$
5 -Ticket Packs requested @ \$25/pack = \$
15 -Ticket Packs requested @ \$50/pack = \$

50/50 Plus tickets must be ordered in conjunction with your BC Children's Hospital DREAM Lottery ticket order. 50/50 Plus orders will not be accepted after your original DREAM Lottery ticket order date. 50/50 Plus tickets sales deadline is midnight Oct. 16, 2014. Maximum number of 50/50 tickets available 482,600. Minimum \$100,000 to winner.

CONTACT INFORMATION

Please provide complete information so we can mail your ticket(s) promptly.

Name

Group Name (optional)

DREAM VIP # (optional, provided to you by letter if you purchased from us previously)

Address

City, BC Postal Code

Daytime Phone Evening

Fax Number (optional)

Email Address

CREDIT CARD INFORMATION

Please indicate the credit card that you are using:

MasterCard Visa Amex

Name on Credit Card

Card #

Expiry: / (2 digits for month, 4 for year)

Tickets may be sold and purchased only in British Columbia.