

2022
**TRI-
HOSPITAL**
DREAM LOTTERY

FOR TICKETS NOW Complete and fax to **204-231-0041**
OR MAIL TO: ST. BONIFACE HOSPITAL FOUNDATION
PO Box 73 - STN Norwood Grove 208 Provencher Blvd Winnipeg, MB R2H 3B8

YES I would like to WIN MILLIONS

PLEASE PRINT *required fields

* Name _____
(Only one person's name)

* Address _____

* City _____

* Province _____ * Postal Code _____

* Email (required for eTickets) _____

* Phone _____ * Cell Phone _____

18+ TO PLAY Yes

TICKET DELIVERY METHOD
PLEASE CHOOSE ONE

eTicket
Tickets will be sent to the email address provided within 10 business days. Checking this box will help us reduce our costs and carbon footprint by eliminating printing and postage.

OR...

Regular Mail
Tickets will be delivered via regular mail within 3-4 weeks of ordering.

**PLEASE SEND ME:
TRI-HOSPITAL DREAM LOTTERY MAIN TICKETS**

	_____ 1 Ticket for \$100	Total = _____
MAIN TICKETS	_____ 2 Tickets for \$175	Total = _____
	_____ 4 Tickets for \$300	Total = _____
	_____ 8 Tickets for \$500	Total = _____

* Must be ordered in conjunction with your 2022 Tri-Hospital Dream Lottery main ticket purchase.

	_____ 2 Tickets for \$20	Total = _____
	_____ 10 Tickets for \$40	Total = _____
	_____ 30 Tickets for \$60	Total = _____
	_____ 60 Tickets for \$80	Total = _____

* Must be ordered in conjunction with your 2022 Tri-Hospital Dream Lottery main ticket purchase.

	_____ 2 Tickets for \$20	Total = _____
	_____ 5 Tickets for \$40	Total = _____
	_____ 15 Tickets for \$60	Total = _____
	_____ 40 Tickets for \$80	Total = _____

METHOD OF PAYMENT

Cheque Payable to **St. Boniface Hospital Foundation** Please, no post-dated cheques.

Money Order  

50/50 PLUS® tickets and EXTRA CASH PLUS™ tickets can only be ordered with your 2022 Tri-Hospital Dream Lottery main tickets on the same transaction. *Prizes shown may not be exactly as illustrated. In the event of an advertising discrepancy, the official 2022 Tri-Hospital Dream Lottery Rules and Regulations will apply without exception.

For complete rules and regulations go to: trihospitaldream.com.

License Numbers: LGCA 1517-RF-37457, LGCA 1517-RF-37458, LGCA 1517-RF-37456

TOTAL \$

Card # _____

Expiry ____/____ CVV# _____ (3 digits on back of card)

Name on Card _____

Signature _____ Date _____