

TRI HOSPITAL

2024 DREAM LOTTERY

LET'S WIN TOGETHER

FOR TICKETS NOW

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 2024 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 2024 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 = _____

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 2024 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 2024 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-43630, LGCA 1517-RF-43631, LGCA 1517-RF-43633

Card # _____

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

Name on Card _____

Signature _____ Date _____