



DREAM BIG. WIN BIG!

ORDER NOW. Please complete form below and mail or fax to:



MAIL:

London Health Sciences Foundation
c/o Dream Lottery
900-3100 Steeles Ave E
Markham, ON L3R 9Z9



FAX:

519-685-8492



DREAM BIG. WIN BIG! ORDER NOW.

Must be 18+ to order.

Name

Address

City ON, Postal Code.....

Phone (work) (home)

(cell) Email

METHOD OF PAYMENT Cheque Payable to DREAM LOTTERY. Please, no post-dated cheques

Money Order

Signature

Card#

Expiry / Cardholder:



(QTY) 2 Tickets for \$50 = \$.....

(QTY) 6 Tickets for \$100 = \$.....

(QTY) 16 Tickets for \$250 = \$.....

(QTY) 35 Tickets for \$500 = \$.....



50/50 tickets must be ordered in conjunction with Dream Lottery tickets. **minimum payout \$250,000**

DO NOT FILL OUT THIS AREA WITHOUT HAVING FILLED OUT DREAM LOTTERY TICKETS

(QTY) 5 Tickets for \$20 = \$.....

(QTY) 20 Tickets for \$40 = \$.....

(QTY) 60 Tickets for \$60 = \$.....



Making a Difference Calendar tickets must be ordered in conjunction with Dream Lottery tickets

DO NOT FILL OUT THIS AREA WITHOUT HAVING FILLED OUT DREAM LOTTERY TICKETS

(QTY) 5 Tickets for \$20 = \$.....

(QTY) 20 Tickets for \$40 = \$.....

TOTAL = \$.....

Official tickets will be provided by email within 7-10 business days

DLRAF1371330 50/50RAF1371331 CLRAF1371332

EVERY TICKET CHANGES A LIFE.

