



2026 OFFICIAL TICKET REQUEST

Complete the Official Ticket Request and send it along with your cheque, money order, or VISA, MasterCard or AMEX number. Official Ticket(s) will follow by email or mail. Tax receipts cannot be issued. Only 43,500 tickets will be sold.

PURCHASER INFORMATION ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Miss ☐ Dr.

First Name _____ Last Name _____

Mailing Address _____

City/Town _____ Province **N.L.** Postal Code _____

Phone: Work () _____ Home () _____ Cell () _____

Email _____

Check to receive text alerts ☐ Standard mobile rates may apply. Check to receive ticket by Canada Post mail. ☐ Age ☐ 19-24 ☐ 25-34 ☐ 35-49 ☐ 50-64 ☐ 65+ The provision of age information is optional and used only for internal marketing and statistical purposes.

Your personal information is collected and used for two purposes only; to fulfil your order and to notify you about future Health Care Foundation Hospital Home Lotteries. The Health Care Foundation does not sell, trade or lease your personal information. If you wish to be removed from our contact lists, please check here ☐ call 1 (866) 992-1899 or (709) 753-1899, or email nlottcrycs@mnp.ca. For ticket inquiries, please call 1 (866) 764-7088. The following, including their spouse and any related or dependent person residing in the same household, are prohibited from purchasing tickets: senior administrators, board members and employees of the Health Care Foundation, and 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). Purchasers must be at least 19 years of age. Intended for residents of Newfoundland and Labrador.



BECOME A MEMBER AND NEVER MISS A DRAW!

☐ Check here to automatically receive the below order for ALL future HCF Home Lotteries (credit card purchases only).

NOTE: We will contact you prior to charging your card.

DISCLAIMER: Your Membership request will only be processed if a valid credit card and email address have been provided.

LIMITED QUANTITIES

\$575

SUPER PACK(S)*

Includes 6 – Home Lottery Tickets, 25 – 50/50 Add-On Tickets and 10 – Weekday Winnings Add-On Tickets.

TOTAL:

\$ _____

LIMITED QUANTITIES

\$875

MEGA PACK(S)*

Includes 10 – Home Lottery Tickets, 25 – 50/50 Add-On Tickets and 10 – Weekday Winnings Add-On Tickets.

TOTAL:

\$ _____

TICKET ORDER INFORMATION

HEALTH CARE FOUNDATION HOME LOTTERY
TICKET ORDER INFORMATION

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

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

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

50/50 ADD-ON* TICKET ORDER INFORMATION

_____ 5-pack(s)* of 50/50 Add-Ons* at \$25 each. Total \$ _____

_____ 15-pack(s)* of 50/50 Add-Ons* at \$50 each. Total \$ _____

_____ 25-pack(s)* of 50/50 Add-Ons* at \$75 each. Total \$ _____

_____ 50-pack(s)* of 50/50 Add-Ons* at \$100 each. Total \$ _____



WEEKDAY WINNINGS ADD-ON TICKET ORDER INFORMATION

_____ single Weekday Winnings Add-On(s)* at \$25 each. Total \$ _____

_____ 3-pack(s)* of Weekday Winnings Add-Ons* at \$50 each. Total \$ _____

_____ 6-pack(s)* of Weekday Winnings Add-Ons* at \$75 each. Total \$ _____

_____ 10-pack(s)* of Weekday Winnings Add-Ons* at \$100 each. Total \$ _____



TOTAL ORDER AMOUNT

\$ _____
(Home Lottery Tickets, 50/50 Add-On Tickets, Weekday Winnings Add-On Tickets, Super Packs and Mega Packs)

Make cheque or money order payable to: Health Care Foundation Home Lottery 2026 (Please, no post-dated cheques)

(Check only one) ☐ Cheque ☐ Money Order ☐ MasterCard ☐ VISA ☐ AMEX

Mail to: Health Care Foundation Home Lottery, PO Box 7370 Station C, St. John's, NL A1E 3Y5

Cardholder's Name _____ Cardholder's Signature _____

Card Number: _____ Expiry Date: _____

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Lottery Licence #25-10421400LT

*Each Health Care Foundation Home Lottery ticket in a 3-pack or 5-pack, each 50/50 Add-On ticket in a 5-pack, 15-pack, 25-pack or 50-pack, each Weekday Winnings Add-On ticket in a 3-pack, 6-pack or 10-pack, all tickets in a Super Pack, and all tickets in a Mega Pack must contain the same information. 50/50 Add-Ons and Weekday Winnings Add-Ons must be ordered in conjunction with your Health Care Foundation Home Lottery ticket. 50/50 Add-On and Weekday Winnings Add-On orders will not be accepted after your original Health Care Foundation Home Lottery ticket order date. If a ticket order for the Health Care Foundation Home Lottery is cancelled, any and all 50/50 Add-On tickets and Weekday Winnings Add-On tickets associated with that ticket will also be cancelled.