



## Red Deer Regional Health Foundation

### Staff 50/50 Lotto Enrollment

(non-payroll deduction)

For ticket purchases by credit/debit card, cash, EFT, or cheque

**Submit form with payment to:**

Red Deer Regional Health Foundation | 3942 50A Avenue, Red Deer, T4N 4E7  
403-343-4773 | foundation@ahs.ca

Tickets prices for each draw:

1 ticket \$5.00

3 tickets for \$12.00

5 tickets for \$15.00

<b>Ticket Purchaser Information</b>	
First Name:	Last Name:
Cell Phone:	Work Phone:
Home Address:	
City/Town:	Postal Code:
Dept. (if applicable):	Work Site (if applicable):
Email:	
<b>Payment options*:</b>	<b>How many draws are you entering:</b>
<input type="checkbox"/> 1 ticket for \$5 <input type="checkbox"/> 3 tickets for \$12 <input type="checkbox"/> 5 tickets for \$15	<input type="checkbox"/> # of draws _____ <input type="checkbox"/> All remaining draws (maximum 26 - up to & including the August 29, 2024 draw)
_____ I would like to pay for half the draws now and will be informed when the second payment is required. *You will only be entered into draws where tickets have been paid in full in advance of that draw.	
<input type="checkbox"/> Cash/ Cheque <input type="checkbox"/> Credit Card (enter information below) <input type="checkbox"/> Electronic Funds Transfer (we will contact you)	
<b>Visa/MasterCard #:</b> _____ <b>Expiry:</b> _____ <b>CCV:</b> _____	
I hereby authorize the Red Deer Regional Health Foundation to use my name and/or photo in publications used to advertise the 50/50 Staff Lotto and/or other charitable works of the Foundation. I fully understand the rules and format of this lotto.	
Signature: _____	
Date: _____	I am 18 years of age or older: <input type="checkbox"/>

Tickets will be mailed to the purchaser or may be picked up from the Foundation Office