



# YES! I would like to WIN!

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ ON, Postal Code \_\_\_\_\_

PHONE (day) \_\_\_\_\_ (evening) \_\_\_\_\_

(cell) \_\_\_\_\_

Email \_\_\_\_\_

Receive lottery updates and Winner's Circle Information

## FOR TICKETS NOW


### MAIL TO:

London Health Sciences Foundation, C/O Dream Lottery  
PO BOX 5678 PS B CSC London ON N6A 5Z4

### OR FAX TO:

519-685-8492

## PLEASE SEND ME:

	(QTY) _____ 2 Tickets for \$50 = \$ _____
	(QTY) _____ 6 Tickets for \$100 = \$ _____
	(QTY) _____ 16 Tickets for \$250 = \$ _____
	(QTY) _____ 35 Tickets for \$500 = \$ _____

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



50/50 Plus™ 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



Dollars, Destinations & Design Calendar tickets must be ordered in conjunction with Dream Lottery tickets

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

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

Total = \$ \_\_\_\_\_

**18+ to Order**

## METHOD OF PAYMENT:

- Cheque Payable to DREAM LOTTERY. Please, no post-dated cheques
- MasterCard   Visa   Money Order

Signature \_\_\_\_\_

Card#

Expiry:   /   Cardholder \_\_\_\_\_

DL LL: 8727 50/50 LL: 8728 CL LL: 8729

UM1

All locations in Blenheim, Bright's Grove, Chatham, Dorchester, Goderich, Grand Bend, Ingersoll, London, Petrolia, Sarnia, St. Thomas, Stratford, Strathroy, Tillsonburg, Wallaceburg and Woodstock



ONLINE **dreamitwinit.ca**

OR VISIT PARTICIPATING



**ORDER YOUR TICKETS**

ONLINE **dreamitwinit.ca**

PHONE 519-488-7100

TOLL FREE 1-866-802-4117