



# YES! I would like to WIN!

Name \_\_\_\_\_

Address \_\_\_\_\_

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

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

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

Email \_\_\_\_\_

Receive lottery updates and Winner's 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

	(QTY) _____ 2 Tickets for \$15 = \$ _____
	(QTY) _____ 6 Tickets for \$30 = \$ _____
	(QTY) _____ 20 Tickets for \$60 = \$ _____

**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 = \$ _____

Money & Memories tickets must be ordered in conjunction with Dream Lottery tickets

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 9115 50/50 9116 CL 9117



ONLINE [dreamitwinit.ca](http://dreamitwinit.ca)

OR VISIT PARTICIPATING



ONLINE [dreamitwinit.ca](http://dreamitwinit.ca)  
PHONE 519-488-7100  
TOLL FREE 1-866-802-4117

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