



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 = \$ _____

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 = \$ _____

Dollars & Destinations 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 LL: 9637 50/50 LL: 9638 CL LL: 9640



ONLINE dreamitwinit.ca

OR VISIT PARTICIPATING



ONLINE dreamitwinit.ca
PHONE 519-488-7100
TOLL FREE 1-866-802-4117

DL LL: 9637 50/50 LL: 9638 CL LL: 9640

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