



HOSPITALS OF REGINA FOUNDATION HOME LOTTERY™

EARLY BIRD PRIZE DEADLINE: MIDNIGHT OCT. 24
EARLY BIRD PRIZE WINNER ANNOUNCEMENT: NOV. 6, 2025

FINAL DEADLINE: MIDNIGHT NOV. 14
GRAND PRIZE WINNER ANNOUNCEMENT: NOV. 27, 2025

ONLINE:	hrfHomeLottery.com	PHONE:	306-347-3400 • 1-800-667-7760
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MAIL:	FALL 2025 OFFICIAL TICKET REQUEST Complete the Official Ticket Request and send it along with your cheque, money order, or VISA, MasterCard or American Express number. Official ticket(s) will be emailed. Tax receipts cannot be issued. Only 59,329 Home Lottery tickets will be available.
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PURCHASER INFORMATION

☐ Mr. ☐ Mrs. ☐ Ms. ☐ Miss ☐ Dr.

Email _____

First name _____ Last name _____

Mailing address _____

City/Town _____ Province **SK** Postal code _____ - _____

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

DISCLAIMER: Your ticket order request will only be processed if a valid email address and/or phone number have been provided.

☐ Check to receive official ticket(s) by mail. Allow 7-14 business days for delivery. **Check to receive text alerts** ☐ (Standard mobile rates may apply.)

Age ☐ 18-24 ☐ 25-34 ☐ 35-49 ☐ 50-64 ☐ 65+ The provision of age information is optional and used only for internal marketing and statistical purposes.

Tickets must be purchased and mailed within Saskatchewan. Purchasers must be at least 18 years of age. The following, including their spouse and any related or dependent person residing in the same household, are prohibited from purchasing a ticket: the directors, executives, and staff of Hospitals of Regina Foundation, board and executive teams of builders contracted to provide real estate prizes to this lottery and any contracted interior designers, partners and employees of MNP LLP and its affiliates. Hospitals of Regina Foundation respects your privacy. We do not rent, sell or trade our contact lists. Personal information collected will be used to fulfill ticket orders, provide information on our future lotteries, contact prize winners and publicize the names of prize winners. If you wish to be removed from our contact lists, please check here _____, or call 1-800-667-7760 or email reginalotterycs@mnp.ca. The liability of the licensee of this lottery shall be limited to the purchase price of the ticket(s).

TICKET ORDER INFORMATION

Home Lottery Tickets _____ 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* _____ single(s)* at \$25 each. Total: \$ _____ _____ 15-pack(s)* at \$50 each. Total: \$ _____ _____ 25-pack(s)* at \$75 each. Total: \$ _____ _____ 50-pack(s)* at \$100 each. Total: \$ _____	Cash Calendar™ Add-On* _____ single(s) at \$25 each. Total: \$ _____ _____ 3-pack(s)* at \$50 each. Total: \$ _____ _____ 6-pack(s)* at \$75 each. Total: \$ _____ _____ 10-pack(s)* at \$100 each. Total: \$ _____
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LIMITED QUANTITIES	\$575 SUPER PACK(s)*	Includes 6 – Home Lottery tickets, 25 – 50/50 Add-On tickets and 10 – Cash Calendar Add-On tickets TOTAL: \$ _____
	\$875	Includes 10 – Home Lottery tickets, 25 – 50/50 Add-On tickets and 10 – Cash Calendar Add-On tickets TOTAL: \$ _____
	MAX PACK(s)*	

TOTAL ORDER AMOUNT:

\$ _____ (Home Lottery tickets, 50/50 Add-On tickets, Cash Calendar Add-On tickets, Super Pack and Max Pack tickets)

METHOD OF PAYMENT (Check only one)

☐ Cheque ☐ Money order ☐ MasterCard ☐ VISA ☐ AMEX

Make cheque or money order payable to: **Hospitals of Regina Foundation Home Lottery.**
Please, no post-dated cheques.

**Mail to: Hospitals of Regina
Foundation Home Lottery
PO Box 5020, Regina SK S4P 3M3**

Cardholder's name _____ Cardholder's signature _____

Card number: _____ Expiry date: _____
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