



## Red Deer Regional Health Foundation

### 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

- 1 ticket for \$5
- 3 tickets for \$12
- 5 tickets for \$15
- 10 tickets for \$20

<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:	I am 18 years of age or older: <input type="checkbox"/>		
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <b>Payment options*:</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"/> 10 tickets for \$20                 </td> <td style="width: 50%; vertical-align: top;"> <b>How many draws are you entering:</b>   <input type="checkbox"/> # of draws _____  <input type="checkbox"/> All remaining draws (maximum 26 - up to &amp; including the August 28, 2025 draw)                 </td> </tr> </table>		<b>Payment options*:</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"/> 10 tickets for \$20	<b>How many draws are you entering:</b>  <input type="checkbox"/> # of draws _____ <input type="checkbox"/> All remaining draws (maximum 26 - up to & including the August 28, 2025 draw)
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<p>_____ I would like to pay for half the draws now and will be informed when the second payment is required. (Available if entering more than 20 draws.)</p> <p><b>* You will only be entered into draws where tickets have been paid in full in advance of that draw.</b></p>			
<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:			

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

Draws are every second Thursday starting September 12, 2024 - August 28, 2025  
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