



PERSONAL INFORMATION:

Name: _____ Department: _____ Campus: _____
 Home Address: _____ Telephone (H _____)(W): _____
 City: _____ Prov.: _____ Postal Code: _____ E-mail Hm: _____
 E-mail wk: _____ (Required)
 Employee ID Number: _____ (Required)

- I have _____ ticket(s) and wish to make **NO CHANGES**
- I wish to **INCREASE** my total number of tickets to _____ tickets
- I wish to **DECREASE** my total number of tickets to _____ tickets

COST OF TICKET: \$3 per ticket per draw

Total # of tickets requested per pay _____ x \$3.00 = \$ _____ per pay,
 multiplied by **26 draws** = \$ _____ per year

METHOD OF PAYMENT:

- Payroll Deduction
FOR OTTAWA HOSPITAL EMPLOYEES ONLY. Payroll Advance - \$3 per pay period, per ticket, starting April 12, 2019, and continuing until withdrawal from the lottery is received in writing, or until March 27, 2020. If my employment with TOH should cease, no further deductions will be taken, and my ticket will be removed from the draws.
- OR**
- Cash Cheque (please make payable to The Ottawa Hospital Foundation)
- Credit Card: Visa MasterCard American Express

Card #: _____ Expiry Date: _____

I authorize The Ottawa Hospital Foundation (TOHF) to charge \$3 for each ticket purchased multiplied by the number of draws.

Signature: _____ (Required)

Print Name: _____ Date: _____ (Required)

I accept the terms and conditions and hereby agree to the above changes and am committed for a period beginning April 12, 2019, and ending March 27, 2020, inclusive.

Thank you for your support of The Ottawa Hospital Perfect Payday Staff Lottery. Please email your form to stafflottery@toh.ca or drop it off at one of the offices listed below:

Civic Campus
 Foundation Reception
 737 Parkdale Avenue
 CPC Building, 1st Floor (Box 610)
 Tel.: 613-798-5555 ext. 19832
 Fax: 613-761-5014

General Campus
 Foundation Reception
 Main floor
 The Ottawa Hospital Cancer Centre

Interoffice Mail
 Foundation Reception
 CPC Building,
 Civic Campus (Box 610)