OTTAWA HOSPITAL PERFECT PAYDAY STAFF LOTTERY	50 50	The Ottawa Hospital	OFFICE USE ONLY
	2019 • 2020		
Fill out thi	s form for your cha	ance to win!	
PLEASE PRINT CLEAR	LY USING BLACK/BLUE PEN • EMAILED FC	DRMS PREFERRED	
PERSONAL INFORMATION:			
Employee ID number:			(required)
Title: eg. Mr.	First Name:	Last Name:	
Department:		Campus:	
Home Address:		Apt. #:	
City:		Prov: P	ostal Code:
Telephone (H):	(W):	E-mail (W):	(required)
Please send me information in:	English French	E-mail (H):	
Your official lottery ticket(s) will be emaile Winners will be notified as outlined in the	d to you. Please retain your ticket for all draws de Rules and Regulations.	uring the annual draw period. Your ticket wi	I be nullified with any missed payment.
Office at 737 Parkdale Avenue, 1st Floor, O	aff lottery at any time; simply notify The Ottawa ttawa ON KiY 1J8. Enrollments and cancellation st-come, first-served basis, as tickets are availabl	s must be received more than nine days price	
COST OF TICKET: \$3 each per tick	et per draw		
# of tickets requested	l per pay x \$3.00 = \$	per pay, multiplied by 26 draws =	\$ per year
METHOD OF PAYMENT:			
		f my employment with TOH should	-
	OR		
Cash Cheque (please mal	e payable to The Ottawa Hospital Foun	dation) Credit Card 🛄 Visa 🛄 M	asterCard American Express
Card #:		Expiry Date:	
l authorize The Ottawa Hospital Fo	undation (TOHF) to charge \$3 for each t	ticket purchased multiplied by the n	umber of draws for 2019-2020.
Signature:	Print name:	· · · ·	Date:
I accept the terms and conditions.			
	rt of The Ottawa Hospital Perfe stafflottery@toh.ca or drop it		ed below:
Civic Campus Foundation Reception 737 Parkdale Avenue CPC Building,धिFloor (Box 610) Tel.: 613-798-5555 ext. 19822	General Campus Foundation Reception Main floor The Ottawa Hospital Cancer Centre	Inter Office Mail Foundation Reception CPC Building Civic Campus (Box 610)	

Fax: 613-761-5014