

Fill out this form for your chance to win!

PLEASE PRINT CLEARLY USING BLACK/BLUE PEN · EMAILED FORMS PREFERRED

Renewal Increase Decrease New Update contact info ONLY

PERSONAL INFORMATION:

Employee ID number: _____ (required)

Title: eg. Mr. _____ First Name: _____ Last Name: _____

Department: _____ Campus: _____

Home Address: _____ Apt. #: _____

City: _____ Prov: _____ Postal Code: _____

Telephone (H): _____ (W): _____

E-mail (H): _____ (W): _____

Please send me information in: English French

Your official lottery ticket(s) will be mailed to you. Please retain your ticket for all draws during the annual draw period. Your ticket will be nullified with any missed payment. Winners will be notified as outlined in the Rules and Regulations.

You can cancel your participation in the staff lottery at any time; simply notify The Ottawa Hospital Foundation in writing at stafflottery@toh.ca or mail to the Foundation Office at 1st Floor, 737 Parkdale Avenue, Ottawa. Enrollments and cancellations must be received more than nine days prior to the draw date. To resume play, individuals will be accommodated on a first-come, first-served basis, as tickets are available.

COST OF TICKET: \$3 each per ticket per draw

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 10, 2020, and continuing until withdrawal from the lottery is received in writing, or until March 26, 2021. 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 me \$3 for each ticket purchased multiplied by the number of draws for 2020-2021.

Signature: _____ Print name: _____

Date: _____

THANK YOU FOR YOUR SUPPORT OF THE OTTAWA HOSPITAL PERFECT PAYDAY STAFF LOTTERY.

PLEASE EMAIL YOUR FORMS TO STAFFLOTTERY@TOH.CA OR DROP IT OFF AT ONE OF THE OFFICES LISTED BELOW:

Mailing Address

737 Parkdale Avenue, Box 610
Ottawa, ON K1Y 1J8
Fax: 613-761-5014
Tel.: 613-798-5555 ext. 19822

Civic Campus Storefront

Main Street Mall

General Campus Storefront

Smyth Entrance