

Win up to \$22,500!

THE OTTAWA HOSPITAL STAFF LOTTERY



The Ottawa
Hospital
Foundation

L'Hôpital
d'Ottawa
Fondation

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

Signature: _____ Print name: _____

Date: _____

Your official lottery ticket(s) will be emailed to you, Please retain this email as these are your numbers for all draws during the annual draw period. For each Payday draw, payments are due by noon the day before the draw any missed payments will make your tickets ineligible for the draw payment that was missed. After multiple missed payments tickets will be cancelled unless arrangements have been made at stafflottery@toh.ca, 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 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 9, 2021, and continuing until withdrawal from the lottery is received in writing, or until March 25, 2022. If my employment with TOH should cease, no further deductions will be taken, and my ticket will be removed from the draws.

OR

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 2021-2022.

**THANK YOU FOR YOUR SUPPORT OF THE OTTAWA HOSPITAL PERFECT PAYDAY STAFF LOTTERY.
PLEASE EMAIL YOUR FORMS TO STAFFLOTTERY@TOH.CA**