





OFFICIAL TICKET REQUEST 2025

EACH TICKET IN A SET MUST CONTAIN THE SAME INFORMATION.

TOTAL AMOUNT OF PAYMENT S



Name:		
(LAST)	(FIRST)	(INITIAL)
Address:		
City / Town:	Prov	Postal Code
Phone: Day ()	Cell ()
E-mail Address:		

Due to recent developments with Canada Post, we strongly advise that all mail-in orders be submitted as early as possible to avoid interruption. Any orders received after the final deadline will not be eligible to win.

In the event all tickets have been sold when this ticket order form is received at the ticket sales centre, the purchaser will be sent an immediate notice and where applicable a refund of the ticket purchase amount.

TO SUBMIT YOUR MAIL-IN ORDER OR FOR MORE INQUIRIES

Mail: Children's Hospital Lottery PO Box 2528 STN M, Calgary AB T2P 1A7 Phone: 403-531-2273 or Toll-Free 1-888-531-2273 Email: inquiries@childrenshospitallottery.ca

To receive your tickets, please select method of delivery:

E-Ticket our E-TICKET(s) will be sent to the email address you provided within 24 hours.

Printed Ticket Your printed ticket will follow in approximately 2 - 3 weeks.

Please make all cheques and money orders payable to: Children's Hospital Lottery 2025

NO POSTDATED CHEQUES ACCEPTED