GLITTER OF HOPE LOTTERY

In Support Of Sunnybrook's Odette Cancer Centre.

First Name _____ Last Name Mr Mrs Ms Miss _____

Address _____ City _____

Suite, or Apt. Number _____ Province _____ Postal Code _____

Tel. Home _____ Tel. Cell _____

Email _____ ❍ Yes! I would like to receive "Your Health Matters" Sunnybrook's e-newsletter

Please send me:

_____ Ticket(s) at $25 each = subtotal $ _____

_____ Package(s) of 5 tickets at $100 each = subtotal $ _____

I am enclosing a charitable donation for Sunnybrook Foundation = subtotal $ _____

Tax receipts can be issued for donations only TOTAL $ _____

I prefer to use: ❍ Credit Card ❍ Cash ❍ Cheque (Please make cheque payable to Sunnybrook Foundation)

❍ VISA ❍ MasterCard ❍ AMERICAN EXPRESS

ACCOUNT NUMBER: _____ EXPIRY DATE: _____

SIGNATURE: _____

By entering this lottery: I acknowledge I have read and understood the rules and regulations of this lottery and confirm I am at least 18 years of age, and have purchased the ticket within the province of Ontario. Please allow a minimum of two weeks for delivery of ticket(s). We are committed to protecting the privacy of your personal information. We may maintain a record of your interaction for donor-related, promotion and tax receipting purposes, where required. Occasionally, we may contact you with mission-related communications. If you wish no further contact or have any questions or concerns regarding the privacy of your personal information, please contact Sunnybrook Foundation at 1-855-534-4673. Sunnybrook Foundation does not share lists with other organizations.

Lottery License #4469