

2012



**Please complete
and fax to
604-960-1830**

**Or mail cheques
payable to:
BC Children's
Hospital Lottery**

c/o KNV Chartered
Accountants LLP
200 - 15300 Croydon Drive
Surrey, B.C. V3S 0Z5

Ticket Purchasers must be
19 years of age or older

**To order by phone
instead, call
604-692-2333**

**or toll-free
1-888-887-8771**

**Details at
bcchildren.com**

TICKET ORDER FORM

Please print clearly:

Please confirm that you are in the province of BC as you complete this form _____

Please confirm that you are 19 years of age or older _____

TICKET QUANTITY

3 Ticket Packs requested _____ @ \$100 each = \$ _____

6 Ticket Packs requested _____ @ \$175 each = \$ _____

9 Ticket Packs requested _____ @ \$250 each = \$ _____

20 Ticket Packs requested _____ @ \$500 each = \$ _____

CONTACT INFORMATION

Please provide complete information so we can mail your ticket(s) promptly.

Name _____

Group Name (optional) _____

VIP Customer Id# _____

(optional, provided to you by letter if you purchased from us previously)

Address _____

City _____, BC Postal Code _____

Daytime Phone _____ Evening _____

Fax Number (optional) _____

Email Address (optional) _____

CREDIT CARD INFORMATION

Please indicate the credit card that you are using:

MasterCard Visa Amex

Name on Credit Card _____

Card #

Expiry: / (2 digits for month, 4 for year)