



YES! I would like to WIN!

PURCHASER INFORMATION (Must be 18+ to participate)

Individual Group or Organization

Name _____

Group / Organization _____

Address _____

City/Town _____ ON. Postal Code _____

Phone _____

Email _____

Mail Tickets Email Tickets

Additional Name 1 _____

Additional Name 2 _____

DREAM HOME TICKET ORDER INFORMATION



DH License
#RAF1337118

(QTY) _____ MEGA BUNDLE for \$150 = \$ _____

Includes 6 Dream Home tickets and 30 50/50 tickets

(QTY) _____ MAX BUNDLE for \$300 = \$ _____

Includes 16 Dream Home tickets and 60 50/50 tickets

(QTY) _____ MEGA MAX BUNDLE for \$500 = \$ _____

Includes 35 Dream Home Lottery tickets and 150 50/50 add-on tickets



DH License
#RAF1337118

(QTY) _____ 2 Tickets for \$50 = \$ _____

(QTY) _____ 6 Tickets for \$100 = \$ _____

(QTY) _____ 16 Tickets for \$250 = \$ _____

(QTY) _____ 35 Tickets for \$375 = \$ _____

TOTAL DH TICKETS = \$ _____



50/50 License
#RAF1335597

(QTY) _____ 2 Tickets for \$15 = \$ _____

(QTY) _____ 6 Tickets for \$30 = \$ _____

(QTY) _____ 20 Tickets for \$60 = \$ _____

TOTAL 50/50 ADD-ONS = \$ _____

Note: 50/50 tickets can only be ordered in conjunction with Dream Home Lottery tickets.

MAIL TO:



Dream Home Lottery
c/o Bluewater Health Foundation
89 Norman Street
Sarnia, ON N7T 6S3

METHOD OF PAYMENT:

Method of payment (check only one) Make cheque or money order payable to Dream Home Lottery. Please no post-dated cheques.

Cash Cheque MasterCard Visa

Total Amount = \$ _____

Cardholders Name _____

Signature _____

Card # _____ - _____ - _____ Expiry: _____ - _____

CW #: _____

LEARN MORE AT

bwhfdreamhome.com

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DHL: #RAF1337118 50/50: #RAF1335597

ORDER YOUR TICKETS



ONLINE: bwhfdreamhome.com

TOLL FREE: 1-844-667-3251

IN-PERSON: Bluewater Health Foundation Office
Dream Home – Open House

*see full schedule online