



FOR TICKETS NOW Please complete this form and

MAIL TO: Health Sciences Centre Foundation PO Box 16056 CENTENNIAL PO Winnipeg, MB R3A 0E1

EMAIL: Scan this form and email to info@hscmillionaire.com

YES! I would like to WIN MILLIONS!

PLEASE PRINT *required fields

* Name _____

* Address _____

* City _____

* Province _____ * Postal Code _____

* Email (required for eTickets) _____

* Phone _____ * Cell Phone _____

18+ to Play

YES ☐

TICKET DELIVERY METHOD

PLEASE CHOOSE ONE

☐ **eTicket**

Tickets will be sent to the email address provided within 10 business days.

Checking this box will help us reduce our costs and carbon footprint by eliminating printing and postage.

OR...

☐ **Regular Mail**

Tickets will be delivered via regular mail within 3-4 weeks of ordering.

PLEASE SEND ME:

2025 HSC Millionaire Lottery

ORDER FIRST MAIN TICKETS

1 Ticket	_____	\$100 = \$ _____
3 Tickets	_____	\$200 = \$ _____
6 Tickets	_____	\$325 = \$ _____
12 Tickets	_____	\$525 = \$ _____

*MUST PURCHASE MAIN LOTTERY TICKET to purchase 50/50 PLUS® tickets and/or EXTRA CASH PLUS™ tickets on the same transaction.



10 Tickets	_____	\$25 = \$ _____
30 Tickets	_____	\$50 = \$ _____
60 Tickets	_____	\$75 = \$ _____
100 Tickets	_____	\$100 = \$ _____



10 Tickets	_____	\$25 = \$ _____
30 Tickets	_____	\$50 = \$ _____
60 Tickets	_____	\$75 = \$ _____
100 Tickets	_____	\$100 = \$ _____

ORDER TOTAL \$ _____

METHOD OF PAYMENT

☐ **Cheque** Payable to **HSC Foundation Lottery** Please, no post-dated cheques.

☐ **Money Order**



In the event of an advertising discrepancy, the official 2025 HSC Millionaire Lottery Rules and Regulations will apply without exception. All images are for illustration purposes, prizes may not be exactly as shown. 50/50 PLUS® tickets and EXTRA CASH PLUS™ tickets can only be ordered with your 2025 HSC Millionaire Lottery main ticket on the same transaction. For complete rules and regulations go to: hscmillionaire.com.

License Numbers: LGCA 1822-RF-48322, LGCA 1822-RF-48503, LGCA 1822-RF-48504

CARD# _____

EXPIRY ____/____/____ **CVV#** _____ (3 digits on back of card)

NAME ON CARD _____

SIGNATURE _____ **DATE** _____