

ORDER FORM TO PURCHASE YOUR DRAW TICKETS

Given Name of the owner of the ticket :

Surname of the owner of the ticket :

Please enter the names appearing on the ticket :

E-mail address :

Mailing address :

P.O. Box Number (if needed) :

Number and name of the street :

Town :

Province :

Postal Code :

Telephone (residence):

Telephone (work) :

Payment :

Visa

Master Card

Cheque or

Money order

Card Number :

Expiry Date :

Number of tickets ordered :