



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 (Work) _____	(Home) _____
(Cell) _____	
Email _____	

Official tickets will be provided by mail within 7-10 business days

DREAM HOME TICKET ORDER INFORMATION



DH License
#RAF1220254

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

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

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

(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

TOTAL DH TICKETS = \$ _____



50/50 License
#RAF1220231

(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.

Additional Name 1 _____

Additional Name 2 _____

FOR TICKETS NOW:

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 Bluewater Health Foundation Dream Home Lottery. Please no post-dated cheques.

Cash Cheque MasterCard Visa

Total Amount = \$ _____

Cardholders Name _____

Signature _____

Card# - - - Expiry: -

Ticket purchase and draw control provided by our ticket fulfilment service provider.

LEARN MORE AT

bwhfdreamhome.com



DHL: RAF1220254 50/50: RAF1220231

ORDER YOUR TICKETS



ONLINE: bwhfdreamhome.com

TOLL FREE: 1-844-667-3251

Bluewater Health Foundation, Bluewater Health CEE Site, Petrolia Town Hall or Dream Home Lottery homes during open houses.