

# TICKET ORDER FORM



## PURCHASER INFORMATION

Mr.  Mrs.  Ms.  Miss  Dr.

FIRST NAME

LAST NAME

SUITE/APT. ADDRESS

CITY/TOWN

## ONTARIO

PROVINCE POSTAL CODE

EMAIL ADDRESS (A valid email address must be provided for e-ticket delivery.)

( )

DAY TELEPHONE

( )

EVENING TELEPHONE

Age:  18-24  25-34  35-49  50-64  65-74  75+

Age information is used only for internal marketing and statistical purposes. You must be at least 18 years of age to participate.

## BECOME A SICKKIDS MONTHLY DONOR

### HELP US HEAL THE FUTURE

Monthly Donations:  \$25  \$20  \$15  \$10 OTHER \$ \_\_\_\_\_

Please charge my:  Credit Card  Bank Account. I have included a void cheque.

Type of Pre-Authorized Debit:  Personal  Business

X

DONOR SIGNATURE AUTHORIZING MONTHLY PLEDGE AND PAYMENT DETAILS

DATE

I agree to have monthly donations withdrawn on the 15th of each month or if the 15th falls on a weekend or holiday, it will be processed the next business day. I agree to provide The Hospital for Sick Children Foundation ("SickKids Foundation") with a minimum of 10 days advance notice prior to my debit for processing any changes inclusive of cancellation. I acknowledge that I have certain recourse rights that I can follow if any debit does not comply with this agreement and that I may contact my bank/financial institution for further information. I warrant & guarantee that all persons whose signatures are required to sign to debit this account have signed this agreement below. **I waive the right to receive pre-notification of the amount to be debited each month under this agreement.** If I do not agree with any of the terms and conditions described above, need to make any changes, or cancel my donation, I will contact SickKids Foundation immediately by calling 1-800-661-1083 or visiting [www.sickkidsfoundation.com](http://www.sickkidsfoundation.com). Proceeds support SickKids Foundation.

## METHOD OF PAYMENT

CHEQUE

MONEY ORDER

VISA

MASTERCARD

AMEX

Card number input fields

Expiry Date  /   
Month Year

X

CARDHOLDER NAME/CHEQUING ACCOUNT HOLDER NAME

SIGNATURE

Please play responsibly. Ontario Problem Gambling Hotline 1-866-531-2600 or visit [ConnexOntario.ca](http://ConnexOntario.ca). See the complete Rules and Regulations at [SickKidsCarCalendar.ca](http://SickKidsCarCalendar.ca)  
SKL #RAF1378590, 50/50 #RAF1378591

## I WOULD LIKE TO ORDER

### 1. SICKKIDS CAR CALENDAR TICKETS

<input type="checkbox"/>	2 tickets for \$50	SUBTOTAL \$	<input type="text"/>
<input type="checkbox"/>	6 tickets for \$100	SUBTOTAL \$	<input type="text"/>
<input type="checkbox"/>	15 tickets for \$195	SUBTOTAL \$	<input type="text"/>
<input type="checkbox"/>	30 tickets for \$295	SUBTOTAL \$	<input type="text"/>
<input type="checkbox"/>	<b>100 TICKETS FOR \$495 BEST DEAL</b>	SUBTOTAL \$	<input type="text"/>

### 2. SICKKIDS 50/50 DRAW TICKETS

<input type="checkbox"/>	5 tickets for \$25	SUBTOTAL \$	<input type="text"/>
<input type="checkbox"/>	15 tickets for \$50	SUBTOTAL \$	<input type="text"/>
<input type="checkbox"/>	30 tickets for \$75	SUBTOTAL \$	<input type="text"/>
<input type="checkbox"/>	60 tickets for \$100	SUBTOTAL \$	<input type="text"/>
<input type="checkbox"/>	<b>200 TICKETS FOR \$200 BEST DEAL</b>	SUBTOTAL \$	<input type="text"/>

Minimum payout is \$100,000. SickKids 50/50 Draw tickets must be ordered in conjunction with SickKids Car Calendar tickets.

### 3. DONATIONS

Please consider adding an additional gift to help sick children.

I am enclosing a charitable donation. Donation amount \$

Tax receipts will be issued for donations of \$20 or more.

### 4. GRAND TOTAL AMOUNT \$

Ticket Delivery Method (Check Only One):

**E-ticket.** Please rush my e-tickets to the email address provided (3-4 business days). You must provide a valid email address above.

**Regular mail.** Please send my tickets by regular mail (4 weeks).

I CONFIRM THAT I AM AT LEAST 18 YEARS OF AGE, I AM IN ONTARIO AND I AM RESPONSIBLE FOR THIS TICKET ORDER.

X

TICKET PURCHASER SIGNATURE

DATE

Please mail completed order form to: SickKids Car Calendar, 3100 Steeles Ave E, Suite 801, Markham, ON L3R 8T3