



Car or Ca\$h for Health Care Raffle Ticket Order Form

In support of Almonte General Hospital Fairview Manor Foundation and the Carleton Place & District Memorial Hospital Foundation

*This form must be completed in full in order to process ticket orders**

Name*: _____

Address*: _____

City/Town*: _____ Postal Code*: _____

Day phone*: _____ Cell/Other phone*: _____
So that we can call you on October 5th to notify you if you have the winning ticket!!

I would like*: 1 ticket(s) x \$20 _____
3 tickets x \$50 _____
Mailing/processing costs \$3 *optional* _____
Total* _____

FOR OFFICE USE ONLY:
Ticket Numbers:

I will* **Pick up*** tickets **OR** Please **Mail** tickets

**Pick up location: AGH-FVM Foundation, 75 Spring St., Almonte, ON K0A 1A0*

Please allow 1 week to process payment and have tickets ready for pick-up OR mail delivery

Method of Payment* (ONTARIO Lottery License # M781552)

Make cheque payable to: AGH-FVM Foundation, In Trust.

Credit Card: Visa MC # _____

Expiry: Month _____ Year _____ **Signature***: _____

Once completed, scan and email this form, fax or mail it to:

Email: cmoore@agh-fvm.com • Fax: 613-256-8549 • Mail: AGH-FVM Foundation, 75 Spring St., Almonte, ON K0A 1A0

Orders must be received by Tuesday, July 3, 2018 1 p.m. in order to guarantee fulfilment of this order prior to the early-bird draw on Friday, July 6, 2018 at noon. Orders must be received by Tuesday, Oct. 2, 2018 at 5 p.m. to guarantee fulfilment of this order prior to the final draw on Friday, Oct. 5, 2018 at 8 p.m.

Tickets can be picked up IN ALMONTE or they will be mailed (*please indicate preference above*).