



## Hotel Dieu Shaver Foundation's Staff 50/50 Pay Day Lottery - Enrollment Form -

Name:

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Title & Department:

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Phone:

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E-mail:

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Home Address:

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City:

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Prov:

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Postal Code:

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Please deduct the amount below directly from my pay until I notify you in writing.

1 ticket @ \$5/pay

2 tickets @ \$10/pay

3 tickets @ \$15/pay

4 tickets @ \$20/pay

5 tickets @ \$25/pay

Signature:

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Date:

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By signing this document, I understand that the minimum sign up is for 12 months. I have reviewed and agree to all Lottery rules and regulations which can be found online at [www.foundation.hoteldieushaver.org/site/hds-staff-pay-day-lottery](http://www.foundation.hoteldieushaver.org/site/hds-staff-pay-day-lottery) or by emailing [HDSFoundation@hoteldieushaver.org](mailto:HDSFoundation@hoteldieushaver.org).

Please email your completed form to: [hdsfoundation@hoteldieushaver.org](mailto:hdsfoundation@hoteldieushaver.org) or deliver a printed copy to the Foundation Office (InPatient Lobby). Forms must be received by the Foundation Office by the 15th of the month to be eligible for participation commencing the following month.

Lottery License # M818203

Hotel Dieu Shaver Foundation raises funds for patient care equipment, education, specialty programs and improvements to treatment areas... and we couldn't do it without YOU!  
Thank You, and Good Luck!!

