

# Help us keep our small town alive and thriving!

This lottery will help with the future of our community's recreational facilities and programs.

## Thank you for your support!

**Mail your requests to: Z.P. Trip-Of-The-Month Lottery, Box 93, Zenon Park SK. S0E 1W0**

**Fax requests to: (306)767-2768 Phone requests to: (306)767-2231 Lottery license # RR14-0805**

### Official Ticket Request Form

YES! I would like to be a winner in the Zenon Park Trip-Of-The-Month Lottery. I understand that there are only 400 tickets available, and that my application will be handled on a first come first served basis.

**Please send me \_\_\_\_\_ ticket(s) at \$ 120 each**

#### Method of Payment:

\_\_\_\_ MasterCard Purchase

\_\_\_\_ Cheque \_\_\_\_ Cash

\_\_\_\_ Auto Debit (*ENCLOSE VOID CHEQUE*)

**\*ALL Auto Debit Buyers MUST sign a new Authorization (Below)**

#### MasterCard Purchases Only:

Credit Card # \_\_\_\_\_

Expiry Date \_\_\_\_\_

Signature \_\_\_\_\_

**NEW** TOTM Lottery will start May 2015 & end April 2016

#### For Office Use Only:

Ticket #(s): \_\_\_\_\_

Salesperson: \_\_\_\_\_

New Buyer: \_\_\_\_\_

Previous Buyer: \_\_\_\_\_

#### Ticket Buyer:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Prov. \_\_\_\_\_ Postal Code \_\_\_\_\_

Phone: \_\_\_\_\_

**NEW** 1st major prize draw is **May 27 2015**

Please make cheques payable to **Zenon Park Community Partners Corp.** Do not send cash.

Your official ticket(s) receipt will be mailed promptly to the address indicated. Original Ticket remains in draw barrel.

**Pre-authorized Debit (PAD) Agreement from Banking Institution**

\_\_\_\_\_ **Enclosed Void Cheque**

Date: \_\_\_\_\_

I want to support the Zenon Park Community Partners Corporation. I wish to purchase a ticket for the Trip-of-the-Month Lottery through a monthly payment plan.

Please debit my bank account: (attach VOID cheque)

1. \_\_\_\_\_ \$10.00/month a Month starting in **May 2015**

2. \_\_\_\_\_ \$ **120 one-time payment**

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Banking Institution \_\_\_\_\_ Transit Number \_\_\_\_\_ Account Number \_\_\_\_\_

**The debit will be processed to your account on the 10th day of each month or the next business day.**

Signature: \_\_\_\_\_

Name: \_\_\_\_\_ (please print)

*Address/Contact Information*

\_\_\_\_\_  
\_\_\_\_\_

I may revoke my authorization at any time, subject to providing notice of 30 days. To obtain a sample cancellation form, or for more information on my right to cancel a PAD agreement, I may contact my financial institution or visit [www.cndpay.ca](http://www.cndpay.ca)  
Zenon Park Community Partners Corp. - Zenon Park Lottery Box 93 Zenon Park, Sk. S0E 1W0  
I have certain recourse rights if any debit does not comply with this agreement. For example, I have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAD agreement. To obtain more information on my recourse rights, I may contact my financial institution or visit [www.cndpay.ca](http://www.cndpay.ca).