

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 # **RR15-0616**

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.

For Office Use Only:

Ticket #(s): _____

New Buyer: _____

Previous Buyer: _____

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 2016 & end April 2017

Ticket Buyer:

Name: _____

Address: _____

Prov. _____ Postal Code _____

Phone: _____

Email: _____

(if you wish to be notified by email of the winners)

NEW 1st major prize draw is **May 25, 2016**

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 2016**

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

**TOTM Lottery draws will
start May 2016 & end April 2017**

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

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.