

# 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 # L09-0587

### 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): \_\_\_\_\_

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

#### Method of Payment:

- Cheque enclosed
- Auto Debit – (ENCLOSE VOID CHEQUE)
- New Auto Debit (Authorization Below)
- MasterCard Purchase

#### Ticket Buyer:

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

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

\_\_\_\_\_

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

Email: \_\_\_\_\_

#### MasterCard Purchases Only:

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

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

Signature \_\_\_\_\_

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

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.

Please advise us of any changes to your name or address or previous auto debit banking information.

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)

\_\_\_\_\_ \$ 20.00 per month on the Month of March 2010 and \$10 per month after for the 2010-2011 lottery. OR

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

*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

\_\_\_\_\_

\_\_\_\_\_

This payment is made on the behalf of

\_\_\_\_\_ and Individual

\_\_\_\_\_ a business

*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.endpay.ca](http://www.endpay.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.*