OFFICIAL TICKET REQUEST

Please send me ____ tickets at $130 each.

Name _____

Address _____

City/Town _____

Prov. _____ Postal Code _____ Phone #_____

Signature _____

Method of Payment (Please do not send cash) ❑ Money Order ❑ Cheque

❑ Visa ❑ Mastercard Expiry Date

Only 4000 tickets available

Please mail your ticket request to:

YMCA of Yarmouth 275 Main Street, P.O. Box 86
Yarmouth, N.S., B5A 4B1 Phone: 742-7181 Fax: 742-7676

spec208207

Lottery License #AGA-213987-09