



Order Form

First Name: _____ Mrs.
Last Name: _____ Mr.
Address: _____
City: _____
Province: Québec Postal code: _____
Phone (day): _____
Phone (evening): _____
Email: _____

Please send me ___ tickets
of **Loterie du Cœur**

Qty	Unit Cost	Total
_____	x \$10	_____

I want to offer the ticket(s) as a gift to:

Name to put on ticket: _____
Address: _____
City: _____ Province: Québec Postal code: _____
Phone (day): _____ Phone (evening): _____
Email: _____

Note: The tickets will be sent to the purchaser

Mode of payment

Check
made out to the Heart and Stroke Foundation

Credit card

Visa MasterCard American Express

Cardholder: _____

Card Number:

Expiration: /

Cardholder's signature: _____

*Income tax receipts cannot be issued for the purchase of lottery tickets.
Please allow approximately a week for delivery of tickets.

Please fill out and return this form
by email at loterieducoeur@fmcoeur.qc.ca
by fax at 514-871-1464 or by mail at:

Heart and Stroke Foundation
a/s Loterie du Cœur
1434 Sainte-Catherine Street West, Suite 500
Montréal, Québec H3G 1R4

For more information,
contact us at 1 800-567-8563

Thank you for your support and good luck!

RACJ: 415828
Rules and regulations at loterieducoeur.ca

