

Order Form



First Name _____ Last Name _____

Address _____

City: _____ Province: _____ PC: _____

Phone Number: _____

Email Address: _____

_____ Do not place me on the mailing list

Please send me

_____ Book(s) of tickets (includes 6 tickets) for \$30 \$ _____

_____ Single ticket(s) for \$10 each \$ _____

_____ 3 Tickets for \$20 \$ _____

_____ *(Optional) I am enclosing a charitable donation of: \$ _____

Total: \$ _____

* Any optional charitable donations will receive a tax receipt

Method of Payment

_____ Make cheque payable to **The Rotary Club of Kitchener Car Draw**

_____ Please charge my _____ Visa _____ Mastercard

Cardholder's Name: _____

Credit Card Number: _____

Expiry (MMYY): _____ CVS (3 digits on back of card): _____

Signature: _____

If you were referred by a Rotary Club of Kitchener member, please indicate their name:

Return form and payment details to:

Rotary Club of Kitchener Car Draw

500 Hallmark Dr. Waterloo, ON N2K 3P5

Email: tickets@rotarycardraw.ca Fax: (800) 336-5538

Lottery licence # M761871