



Individual Purchaser's Name (one name only please) _____ # of tickets @ \$110.00 = \$ _____

Name: _____
(Please print clearly)

_____ # of 50/50 Enhancement @ \$10 = \$ _____
(minimum payout \$1,000)

Group Name: _____
(If applicable)

I would like to make a donation to help purchase an electric bariatric treatment chair for Home Care clients with Battlefords Region Home Care.

Address: _____

\$ _____

City: _____

Postal Code: _____

TOTAL AMOUNT: _____

Email: _____

Cheque

Phone#: (h) _____ (w) _____

Money Order payable to: BUH Foundation Inc.

If at anytime you wish to be removed from the BUH Foundation's mailing lists, simply check a box below, contact us at 306-446-6652 or email Claudette.mcguire@buhfoundation.ca
Attention: Privacy Officer.

VISA

M/C

AMEX

Do NOT send me a Previous Purchaser's envelope next year.

Card # _____

Do NOT include my name on the BUH Foundation's general mailing list.

Expiry Date: _____ / _____

Do NOT include my name on the BUH Foundation's emailing list.

Name _____
as it appears on card

Signature: _____

Previous Purchaser

Tickets may only be purchased or sold within Saskatchewan