

Pre-sale Raffle Ticket Order Form

Individual Ticket(s)

 X \$20

Subtotal: \$ _____

Discounted 3-Set Pack

 X \$50

Subtotal: \$ _____

Total: \$ _____

Total # Tickets

NAME _____

COMPANY _____

EMAIL _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

TELEPHONE _____ FAX _____

My check is enclosed in the amount of \$ _____.

OR

Please charge my ☐ Visa ☐ AMEX ☐ MasterCard in the amount of \$ _____

CARD NUMBER _____
(Credit card contact details must match address and phone number above.)

EXP. DATE _____ SECURITY CODE _____

NAME ON THE CARD _____

SIGNATURE REQUIRED FOR CREDIT CARD _____

Chicago Appleseed Fund for Justice is a 501(c)(3) organization.
Your contribution is tax deductible to the extent allowed by law.

