



## Grand Raffle Ticket Order Form

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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Please fill out the information above for each purchased ticket. Send along with payment to **Queen of the Rosary**

Please find enclosed Cash: \_\_\_\_\_ Check #: \_\_\_\_\_

Pay by credit card: number \_\_\_\_\_ Exp \_\_\_\_\_ / \_\_\_\_\_ Code \_\_\_\_\_ Amt: \_\_\_\_\_

Signature \_\_\_\_\_

Please return the tickets to \_\_\_\_\_