

# RAFFLE TICKET ORDER FORM

FAMILY NAME: \_\_\_\_\_

NUMBER OF TICKETS REQUESTED: \_\_\_\_\_

AMOUNT ENCLOSED (\$10 EACH): \_\_\_\_\_

PLEASE MAKE CHECKS PAYABLE TO: ST. GREGORY PTG

Check here if you would like us to send your tickets home so you can fill out the stubs and return them to the office.

OR

Check here if you would like us to fill out the stubs with your contact information.

OR

Use the space below to include stub information for others and we will fill them out for you.

NAME: \_\_\_\_\_  
PHONE: \_\_\_\_\_  
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