

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City, Zipcode \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Please indicate quantity of each below:

\_\_\_\_\_ $20 Dinner Ticket \_\_\_\_\_ $25 ticket \_\_\_\_\_ $50 ticket

\_\_\_\_\_ Big-30 Item Name (Please indicate which raffle you want to enter): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Check Check Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Yes, I will be attending the event. My guest’s name is:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 No, I am unable to attend but still want to be included in the raffle.

Please return this form to the attention of Valerie Sperka, Catholic Charities Indianapolis,

1400 N Meridian St., Indianapolis, IN 46202