

Return this ticket request form with payment to:

Sisters of Charity of Nazareth
Office of Mission Advancement
P. O. Box 9 * 40 West Drive
Nazareth, KY 40048-0009

Upon receipt of your completed ticket request form with payment, a Super Raffle Ticket Stub will be completed with your contact information and placed in the raffle ticket drum.

★ ★ ★ ★ ★ ★ ★ ORDER FORM ONLY — NOT A TICKET ★ ★ ★ ★ ★ ★ ★

Number of Tickets Requested: _____ @ \$25.00 per ticket Total: \$ _____

Name(s): _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: () _____ - _____ Type: Cell Home Work E-mail: _____

Name of Seller: _____

Payment: _____ Cash _____ Check enclosed, payable to "Sisters of Charity of Nazareth"

_____ Credit Card (MasterCard, Visa, American Express or Discover) Credit card #: _____

Expiration date: _____ V-code: _____ (Security code on card) Cardholder Name: _____

P.O. Box 9, Nazareth, KY 40048