

SAINT ELIZABETH PARISH SCHOOL
CAR RAFFLE TICKET ORDER FORM

NAME :

NUMBER OF TICKETS :

PHONE :

TOTAL DUE (@ \$100/EA.):

EMAIL :

STREET:

CITY, ZIP

OFFICE USE ONLY

CHECK NO. _____ CASH: []

TICKET NUMBERS PURCHASED:

DATE:

SAINT ELIZABETH PARISH SCHOOL
CAR RAFFLE TICKET ORDER FORM

NAME :

NUMBER OF TICKETS :

PHONE :

TOTAL DUE (@ \$100/EA.):

EMAIL :

STREET:

CITY, ZIP

OFFICE USE ONLY

CHECK NO. _____ CASH: []

TICKET NUMBERS PURCHASED:

DATE: