RAFFLE TICKET PURCHASE FORM

Contact Information

NAME _____ AGENCY _____

ADDRESS, CITY, ZIP _____

TEL _____ EMAIL* _____

TICKET(S) PURCHASE: *Single Tickets are $5.00 each or Six Tickets for $25.00*

Total Number of Tickets: _____

Total Purchase Amount: $_____

PAYMENT METHOD: ☐ Check (*enclosed*) ☐ Credit Card (see below) *

** This method is available only in increments of $25)*

You may return this form via fax, mail, and/or email to:
RAMS, Inc., c/o Katelynn Luong
3626 Balboa Street, San Francisco, CA 94121
Tel: (415) 668-5955, ext. 315; Fax: (415) 668-0246
Email: katelynnluong@ramsinc.org

*** RAMS will email your raffle ticket(s) information to you.**

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Credit Card Authorization

I hereby give my authorization to charge my credit card for a contribution to RAMS as detailed in the following:

Name on Credit Card: _____

Billing Address: _____

Telephone: _____

Credit Card Type: ☐ Visa ☐ MasterCard ☐ American Express

Credit Card Number: _____

Expiration Date: _____ 3 or 4 Digit Security Code _____

Amount to be Charged: _____ *(increments of $25)*

Cardholder's Signature: _____