



ST. JOSEPH CASH RAFFLE TICKET ORDER FORM

BUYER INFORMATION

Ticket Buyer Name: _____

_____ I wish to purchase _____ number of raffle tickets at \$30 each.

-or-

_____ I wish to purchase _____ number of raffle tickets at 4 for \$100.

Street Address: _____

City: _____ State _____ Zip _____

Phone Number: _____

Email: _____

PAYMENT INFORMATION

\$ _____ Cash \$ _____ Check Number _____

Mail this order form with payment to:

St. Joseph Catholic Church
410 S. Race Street
Princeton, IN 47670

*All tickets and money must be
received by November 30, 2020.*

License Number: 014857

OFFICE USE ONLY:

Ticket Numbers: _____

Ticket Seller: _____