

NJAHS



ANNUAL RAFFLE 2015

Name _____

Address _____

City/state/zip _____

Phone (_____) _____

Email _____

I WISH TO BUY:

- | | |
|--|--|
| <input type="checkbox"/> \$10 (1 raffle ticket) | <input type="checkbox"/> \$100 (12 tickets) |
| <input type="checkbox"/> \$25 (3 raffle tickets) | <input type="checkbox"/> \$250 (35 tickets) |
| <input type="checkbox"/> \$50 (6 raffle tickets) | <input type="checkbox"/> \$1,000 (150 tickets) |

PAYMENT

Amount \$ _____

- Check, payable to NJAHS
- Credit Card (Visa/MC/AMEX/Discover)

_____-_____-_____-
Credit card #

_____/_____
V-code Exp date Print name on card

Cardholder signature

Non-tax-deductible. Prizes are non-transferable. Winner need not be present. Fees, rules, and restrictions apply. I understand that this is separate from tax-deductible membership dues and annual year-end gift.