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**Annual $10,000 Raffle**

*March 24, 2017*

**Ticket Request Form**

Complete the information below and mail this form along with your $100 donation made payable to the DSF to:

**DSF**

**Attn: $10K Raffle**

**P.O. Box 117**

**Dracut, MA 01826**

**Primary Point of Contact for Ticket:**

|  |  |  |  |
| --- | --- | --- | --- |
| Name: | | | |
| Address: | | | |
| City: | State: | | Zip: |
| Phone: | | Email: | |

Please let us know if you have a family member who has been a past scholarship recipient:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please Check One:**

Single ticket holder listed above \_\_\_\_\_\_\_

Multiple ticket holders \_\_\_\_\_\_\_ & Number of people sharing ticket \_\_\_\_\_\_\_

**Please include contact information for each person sharing ticket:**

**Name Phone # Donation Amount**

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