

2022 RAFFLE & MOVING MOUNTAINS BENEFIT



RAFFLE TICKET PURCHASE FORM

USE THIS FORM TO PURCHASE TICKETS BY MAIL

CONTACT INFORMATION:

Please print information below for the purchaser of the tickets. This information will be put onto the ticket stubs. If tickets are for separate people – please complete one from for each person. Please also indicate if you would like us to mail you the other half of the ticket – you do not need it to win, but may wish to have it as a "receipt" or for other purposes.

Name:			Phone:		
Address (Include City, S	tate, Zip):				
Email:			Would you like the ticke stub(s) mailed to you:	t Yes No	
CREDIT FOR TICKETS Name of the Catholic Pa	SOLD: rish, School or Catholic Entity for tick	ket sale credit (if r	one, leave blank):		
Name/Location:			City:		
ticket price to get the tot	ny tickets you are purchasing for the tal order amount. Please make check ordered: x \$20.00 =	sks payable to: Dic	cese of Great Falls – Bill		
	Amount Enclosed = Early Bird Drawings, the ticket stubs,	reconciliation form	n, and funds need to arrive	at the Chancery on/before th	
For the final drawings, al	2021, Dec 13, 2021, Jan 17, 2022, and the state of the st	a <u>rked</u> to the Dioce		no later than May 6, 2022.	
MAILING ADDRESS:	Diocese of Great Falls – Billings PO Box 1399 Great Falls, MT 59403 Attn: Raffle	SI K			
DIOCESE OFFICE USE	ONLY:				
Tickets Complet	red Amount Received: \$	Over	-/Short: \$	Deposit: #	
Decemblishing December			Deter		