

Raffle Entry Form

Name: _____

Raffle Ticket Mailing Address: _____

Daytime Phone Number: _____ Evening Phone Number: _____

Email Address: _____

Age of Raffle Participant: _____ How many tickets would you like to purchase?: _____

Would you like to include an additional tax deductible donation to Fix'n Fidos directly?

Yes If yes, donation amount: \$ _____

No

Would you like to include an additional \$3.65/per ticket to cover processing fees for the charity?

Yes

No

Credit Card Information (Please print clearly):

Name on Card: _____

Type of Credit Card: _____

Credit Card Number: _____

Expiration Date: _____ Security Code: _____

Credit Card Billing Address: _____

I have read the rules and regulation on the Fix'n Fidos website and by signing below I agree to all the terms and the authorization to charge my credit card in the amount of: \$ _____

This amount includes the cost of raffle tickets purchased, as well as any processing fees covered, and additional donations made.

Signature: _____ Date: _____