

Sunrise Rotary Tuscany Super Raffle

TICKET REQUEST FORM

NAME:

ADDRESS:

PHONE NO.:

EMAIL ADDRESS:

ROTARIAN CONTACT:

TEAM CAPTAIN (OPTIONAL):

NUMBER OF TICKETS (OPTIONAL):

TICKET NUMBER(S):

PAYMENT METHOD (Check, Cash; CC)

CREDIT CARD NUMBER:

CC EXPIRATION DATE:

CC SECURITY CODE:

CC Zip Code:

Billing Zip Code:

**Please complete this form and email to your Sunrise Rotary contact
or Susan Glowacki, Smokie74@comcast.net, 707 360-8171**