

# **Santa Rosa Sunrise 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**