



# Drive Against Diabetes Inc. (D.A.D. Inc.)

## Raffle Ticket Order Form

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Phone #: Main \_\_\_\_\_ Alternate: \_\_\_\_\_

Email: \_\_\_\_\_

### **Glocktober 2017**

Winning numbers for the raffle are based on NYS Pick 3 Evening Drawings

Ticket quantity desired: \_\_\_\_\_ X \$50.00 each = Total Price: \_\_\_\_\_

**Preferred ticket numbers\* (3 digits each):**

\_\_\_\_\_

**\*All ticket numbers are based on availability. There is NO guarantee your ticket # will be any of the ones listed above.**

Send completed order form, along with payment (check or money order) for the total order amount above made payable to:

**DRIVE AGAINST DIABETES, INC**

**7017 Meadowlark Court**

**North Tonawanda, NY 14120**

**Are you interested in selling tickets for future D.A.D. raffles? Y / N**