



Office Use:
Ticket #s
Issued: _____
Payment Processed

St. Columba Gala Raffle Ticket Order Form

(Please Print)

Last Name _____ First Name _____

Street Address _____

City _____ State _____ Zip Code _____

Phone Number (____) _____ - _____

Number of Tickets _____ x \$25 _____

Family Name Credit (if applicable) _____

Grade Credit (if applicable) _____

Payment Information

- Cash
- Check payable to "St. Columba"
- Credit Card
- Master Card Visa Discover American Express

Cardholders Name as it appears on the card _____

Card Number _____ 3 Digit Security Code _____

Expiration Date _____ / _____

Signature _____

Billing address (if different from above) _____

Street Address _____

City _____ State _____ Zip Code _____

Drawing will be held on March 12, 2016 at the St. Columba Gala
A World of Pure Imagination
 You do NOT need to be present to win