St. William of York Catholic Church
International Fall Festival Raffle Ticket Order Form

Name:_____
Address:_____
City: _____ State: _____ Zip: _____

_____# of tickets @ $5.00 Total Cost of Tickets: $_____.00
Additional donation to St. William of York Catholic Church: $_____.00
Total amount enclosed: $_____.00
(A copy of the order form and completed ticket stub(s) will be returned with the purchaser's portion of the ticket(s).)

Office Use Only	Date Received	Date Mailed	Ticket #'s Assigned	Identification #	Order Processed By (Initials)