2022 Schlarman **Annual Spring Raffle Ticket Purchase Form**

Primary Name (only o	ne name here)				
First Name		Last Name			
Address					
City		State			
Zip code		Phone ()			
Sales Person Name (if	applicable)				
SA Student last name	(if applicable)				
Method of Payment: 0 note 4 sets of 4 number card.	Check enclosed (ck#)	VISA/MASTE ase note exact name and a	RCARD/Discover/Amoddress used above mus	erican Express st match credit	
Charge Card Expira Additional Buyers (J	 ntion Date (xx/xxxx): please note you may only	/ CRV (xxx ty add 4 additional name	from back of card):_		
	esignate one of the follo Please circle your choice				
I	Holy Family	St. Anthony	St. Isaac		
	St. Mary	St.	Paul		
Please mail this form w	ith your check or credit card	information to:			
Schlarman Acaden Attention Raffle	ny Advancement Offic	ce			

2112 N. Vermilion St.

Danville, IL 61832

Once your ticket has been processed you will receive a verification postcard confirming your purchase. Please allow 15 business days for your postcard to arrive.

Ticket Price \$100.00 Thank you for your continued support of the Schlarman Spring Raffle!