

# 2024 Schlarman Annual Spring Raffle Ticket Purchase Form

Primary Name (only one 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: Check enclosed (ck #) \_\_\_\_\_ VISA/MASTERCARD/Discover/American Express  
note 4 sets of 4 numbers please enter below. **Please note exact name and address used above must match credit card.**

\_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Charge Card Expiration Date (xx/xxxx): \_\_\_\_/\_\_\_\_ CRV (xxx from back of card): \_\_\_\_\_

Additional Buyers (please note you may only add 4 additional names for a total of 5 buyers on one ticket): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Ticket buyers may designate one of the following Vermilion county parishes to receive a portion of the ticket proceeds. Please circle your choice. If no choice is made your ticket proceeds stay at Schlarman Academy.

Holy Family

St. Anthony

St. Isaac

St. Mary

St. Paul

Please mail this form with your check or credit card information to:

**Schlarman Academy Advancement Office**  
**Attention Raffle**  
**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!***