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| Ronald McDonald House Charities® of San Diego2024 San Diego Giving Back Raffle Official Entry Form |
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| **ENTER BY TEXT**You may order by SMS, providing the same information as requested on this form at**orders.sdraffle.com****COMPLETE & RETURN TO:**RMHC-SD Giving Back Raffle2929 Children’s Way San Diego, CA 92123**Or fax to: 619-916-3892***You may fill this form on the computer; otherwise print legibly so we can process your order without delay.* |
| **Giving Back Raffle Ticket** |
|  |  | Single ticket(s) at $150 each | .............................................................................. | Total Amount: $ |  |  |
|  |  | 3-pack(s) at $400 each | ......................................................................................... | Total Amount: $ |  |  |
|  |  | 5-pack(s) at $550 each | ......................................................................................... | Total Amount: $ |  |  |
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| **Add-On Ticket**(must be ordered in conjunction with and at the same time as the Giving Back Raffle ticket) |
|  |  | Single ticket(s) at $20 each | .................................................................................... | Total Amount: $ |  |  |
|  |  | 3-pack(s) for $50 each | ........................................................................................... | Total Amount: $ |  |  |
|  |  | 10-pack(s) for $100 each | ........................................................................................... | Total Amount: $ |  |  |
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| ❑ Check enclosed – **payable to RMHC-SD Raffle** ❑Cash |
| Or, please charge my (check one):  | ❑ VISA | ❑ MasterCard | ❑ American Express | ❑ Discover |
| Card Number: |  |  | Security Code: |  |  |
| Expiration Date: |  |  | (last three numbers on signature line on back of credit card, or four digits on the front of American Express, above the account number) |
| Signature: |  |  | Email Address: |  |  |
|  |
|  *(including area code)* |
| Name On Credit Card:  |  | Phone: |  |  |
| Billing Address: |  |  |
| City: |  | State: |  | Zip: |  |  |
|  |
| Name To Appear On Ticket:  |  | Phone: |  |  |
| Mailing Address For Ticket: |  |  |
| City: |  | State: |  | Zip: |  |  |
| Email: |  |  |
| How did you hear about the raffle? |  |  |
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Your assigned ticket numbers will be provided in an email receipt after payment has been processed. Individuals who do not provide an email address will receive receipt at a home or business address. Address must be in California. No P.O. Boxes. Please allow up to four weeks for receipt to be delivered. Your official raffle ticket(s) will be placed in its/their respective official drawing bin(s), with each ticket containing your corresponding ticket number, name, and contact information. ALL SALES ARE FINAL. NO REFUNDS. No more than 60,000 raffle tickets will be sold in the Grand Prize Drawing. Must be 18 years or older and in the state of California at time of ticket purchase. Void where prohibited. Raffle subject to rules and regulations found on sdraffle.com. 2024 Ronald McDonald House Charities® of San Diego, Inc. All Rights Reserved.

**ENTER BY PHONE**You may order by phone, providing the same information as requested on this form by calling toll free:

 **1-888-824-9939**