



Official Car Raffle Entry Form

Mail to: 95 W. 11th Street, Ste 201. Tracy, CA 95376 or Fax to: 209-831-7798
info@chestofhope.org www.chestofhope.org (209) 831-7889 (office)

Personal Information

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Email: _____

Raffle Tickets

_____ Early Bird Ticket \$100.00 each
(Until Aug 31, 2023)

Total Amount: \$ _____

_____ Single Ticket (s) \$125.00 each
(After Aug 31, 2023)

Total Amount: \$ _____

Forms of Payment

Check (made payable to: Chest of Hope)

Please charge My:

Visa

Name on Card: _____

MasterCard

Card Number: _____

American Express

Expiration Date: _____ Month/Year

Discover

Security Code: _____ (The three digits on back of the card)

Zip Code: _____

Signature: _____

Name to appear on Ticket(s): _____

Mailing Address for Ticket(s): _____

City: _____ State: _____ Zip Code: _____