

JAZZY HUMAN SERVICES
RAFFLE TICKET ORDER FORM

Name:	Address:	
City:	State:	Zip:
Phone:	Email:	
Number of Tickets @ 30 each	Total Amount:	
Payment Method: <input type="checkbox"/> Check/Money Order (Made payable to Jazzy Human Services) <input type="checkbox"/> Cash (Must be brought into the facility)	Payment Method: <input type="checkbox"/> Visa MasterCard <input type="checkbox"/> Discover <input type="checkbox"/> American Express Account# _____ Your credit card will be charged by Jazzy Human Services Expiration Date _____ Verification Code _____ 3-digit code on the back of card (Visa, MC, Discover) 4-digit code on the front of card (American Express)	