



BROOKHAVEN TOWN AND NEW YORK STATE
SAFETY OFFICERS ASSOCIATION INC.

1070 Middle Country Rd. Suite 7-166, Selden, NY 11784

631-343-5450 www.btsoa.org

Tax ID 46-2126068



Our hearts, thoughts and prayers go out to all the first responders and essential workers keeping us safe and healthy until we find a vaccine for this terrible virus, we also send our prayers to those that have been stricken with this virus and to the families. Keeping our first responders safe is the Safety Officers Associations #1 priority during this Pandemic!

Unfortunately, our main source of fundraising is to sell 50/50 raffle tickets during our meetings, training events, conference, etc. The current social distancing, and no gatherings order's makes it almost impossible for us to replenish our depleting administrative accounts.

We are in need of your support, The Brookhaven Town Safety Officers Association along with the New York State Association of Safety Officers are selling raffle tickets to keep us on track in our continuing work to provide trainings, literature, free testing for certifications, administration, etc. for all of our 1st Responders. Your help and support are greatly needed at this time. Please send to your friends and family.

The minimum prize so far is over \$1,500. Guaranteed!

3 prizes to win

1 ticket is \$10.- 3 tickets are \$20.- 15 tickets are \$100 – 150 tickets (discount) \$900

We accept all forms of payment. See the reverse side of this page for the order form. Your purchased tickets will be mailed within 2 days. If you wish, we will fill out the ticket stub for you and mail you a copy of the filled-out stubs. Questions call Captain Rubinetti at 631-343-5450 or email info@nysaso.org



ORDER FORM

1 Ticket \$10 _____

3 Tickets \$20 _____

15 Tickets \$100 _____

Other amount x \$20 _____

150 tickets \$900 (\$100 discount) _____

Please check here if we fill out stubs, We mail you a copy of your stubs with your ticket

Or just mail tickets I'll pay you later check here

Mail or fax form and/or payment to:

NYSASO 1070 Middle Country Rd. suite 7-166 Selden, NY 11784 or Fax 631-732-4464

PLEASE PRINT

Contact Info: Name _____ Tel. No. _____

Email Address: _____

PAYMENT INFO

Credit Card Number: _____

Exp. date _____ CVV code _____ Billing Zip code _____

Sign _____

Cash \$ _____ Check _____ Invoice _____ Voucher _____ Venmo _____ PayPal _____

SHIP TO:

Street _____ City: _____ St. _____

Zip Code: _____ (All Prices include postage and taxes)