



Interfaith Hospitality Network of Somerset County Calendar Raffle Form
Please print clearly

Name of Purchaser:

Email Address:

Phone Number:

Street Address:

City:

State:

Zip:

Tickets cost \$10. We will complete your order and mail you the ticket stubs.

Number of Tickets:

Check #:

All tickets will be written and mailed to the person named above unless otherwise instructed.

Special instructions:

Questions? Call 908-704-1920.

Please mail this form with a check payable to IHNSC to:

**IHNSC
98 West End Avenue
Somerville NJ 08876**

NJ gaming laws prohibit the online sales of raffle tickets.