

Super 50/50 Raffle

PURCHASE ORDER FORM

(This form, along with payment, may be mailed, delivered in person, or dropped in the collection basket at Mass.)

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Dear Ss Peter and Paul:

I would like to purchase _____ SUPER 50/50 tickets at \$10 each.
(number of tickets)

Enclosed please find my check or money order in the amount of \$ _____

Please mail my ticket stub(s) to the following:

Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Email: _____ **Phone:** _____



Tickets: \$10

Drawing will be held on

June 29, 2024



404 Hudson Street | Hoboken, NJ 07030

Ph: 201.659.2276 | Fax: 201.353.2333 | spphoboken.com

If you'd like your ticket(s) earmarked for people other than yourself, please write the names and phone numbers below and we will fill out the tickets for you :

of Tickets _____ **Name:** _____ **Phone #:** _____

of Tickets _____ **Name:** _____ **Phone #:** _____

of Tickets _____ **Name:** _____ **Phone #:** _____

of Tickets _____ **Name:** _____ **Phone #:** _____

of Tickets _____ **Name:** _____ **Phone #:** _____

of Tickets _____ **Name:** _____ **Phone #:** _____

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