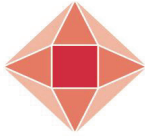


# Crazy Cash Raffle Order Form



## West Allis Charities, Inc.

*A Gem in the Community - since 1964*

### All Information Must Be Filled In

Need Not Be Present to Win

**Please Print Clearly**

|                 |  |             |                |
|-----------------|--|-------------|----------------|
| Contact Name    |  |             |                |
| Mailing Address |  |             |                |
| Suite #         |  | City        |                |
| State           |  | Postal Code |                |
| Phone #         |  |             | Fax #          |
| Cell #          |  |             | Best Call Time |
| E-mail          |  |             |                |

\_\_\_\_\_ I am purchasing 1 ticket for \$20.00.

\_\_\_\_\_ I am purchasing 2 tickets for \$35.00.

\_\_\_\_\_ I am purchasing 3 tickets for \$50.00.

\_\_\_\_\_ I am purchasing \_\_\_\_\_ ticket for \$\_\_\_\_\_.

*By mailing in your completed order form & full payment, you are authorizing the West Allis Charities, Inc. to fill out your raffle ticket(s) for you and to place your ticket stub(s) into the drawing bin. Your raffle stub(s) will be mailed to you within seven business days of payment receipt.* NSF checks are subject to a \$25.00 fee.

***Thank You For Your Support.....Good Luck!***

**Mail Completed Order Form & Payment to: West Allis Charities,  
c/o Crazy Cash Raffle, PO Box 14544, West Allis, WI 53214**

*We look forward to a fantastic year of community giving!*

**We are a 501(c)3 non-profit organization.**

**Raffle License#: R0002498A-03499**

All cash prizes listed are based on 5,000 tickets sold. Prize denominations will be prorated, based on the number of tickets sold, if less than 5,000 tickets are sold.