

2016 MTN/CHEVY RAFFLE

Town Pump

FORM MUST ACCOMPANY TICKETS.

Credit for Sales Goes To:

Store # _____

TICKET SALES

- | | |
|--|----------|
| 1. Total number of tickets sold _____ x \$5.00 | \$ _____ |
| 2. Amount Enclosed | \$ _____ |

**Ticket stubs, reconciliation and sales amount should be returned to SOMT at the address below.
DO NOT mail cash.**

A personal or certified check should be forwarded for the sales amount.

**IF SUBMITTED BY MAIL, ALL SOLD TICKETS AND MONIES MUST ARRIVE AT THE SOMT OFFICE
BY MAY 9, 2016.**

**ALL UNSOLD TICKETS MUST BE RETURNED TO SPECIAL OLYMPICS MONTANA BEFORE OR
IMMEDIATELY FOLLOWING THE DRAWING.**

Return to: Special Olympics Montana
Attention: MTN/Chevy Raffle
710 1st Ave N / PO Box 3507 (59403)
Great Falls, MT 59401
1.406.216.5327 or 1.800.242.6876 (MT only)

CONTACT INFORMATION

Contact Name _____

Address _____ City _____ St/Zip _____

Phone _____ E-mail _____

Date _____ Signature _____

Visit www.somt.org for additional forms

Office Use Only: Over/Short: _____ Amt Rec: _____ Deposit # _____