



Name: _____

Address: _____

Home Phone: _____ Cell: _____

Email: _____ (to send monthly email announcing winners)

Raffles are on the first business day of each month from May thru April

☐ I wish to purchase the following **Tuition Angel Raffle** tickets: Quantity _____ @ \$1,200 each = _____

If purchasing a portion of a ticket: Percentage of ticket _____ @ \$ _____

If available, I would like the following ticket number(s): _____

If ticket is being purchased as a family or group, please list names of other participants:

☐ I would like to be a *Tuition Angel* and make a tax-deductible contribution of \$ _____ to provide additional tuition assistance to families who would not be able to attend St. Mary Cathedral School because of tuition costs.

PLEASE INDICATE YOUR DESIRED METHOD OF PAYMENT: *PAYMENT PROCESSED BY MAY 1st*
Please consider paying by check to help keep processing fees low! We pay between 2-4% for credit card processing fees.

☐ PAY BY CHECK ☐ In Full (Check # _____) or ☐ 12 equal payments

CREDIT/DEBIT CARD AUTHORIZATION

SELECT ONE: ☐ Visa ☐ MasterCard ☐ Discover ☐ American Express

Name as it appears on card (please print): _____

Card Number: _____ - _____ - _____ - _____ 3-digit Verify # _____ Exp. Date: _____ / _____

CHOOSE ONE: ☐ One-time payment of \$ _____
 ☐ Twelve equal payments of \$100 (per ticket)
 Indicate monthly payment amount if different (for partial ticket) \$ _____
 (credit card will be charged on the first of each month, regardless of day of the week)

Drawings begin in May and continue through April. They are held on the first business day of each month for 12 months.

I hereby authorize St. Mary Cathedral School to charge my credit/debit card as noted below:

Signed: _____

Date: _____