

High Stakes Raffle Order Form

Quantity _____ @ \$100ea Total \$ _____

Name _____

Address _____

City, State & Zip _____

Phone _____ Email _____

Check # _____ Payable to *PrairieCare Fund*

Cash

Debit Card - paid on ____/____/2021

Please process payment with information provided:

DC # _____

Exp. Date ____/____ CVC _____

Signature: _____

Mail payment and form to *PrairieCare Fund* | 5500 94th Ave N Brooklyn Park, MN 5544#

If requesting payment submission after 8/1/2021 please call or email

Kelli Larson | klarson@prairiecarefund.org | 763.762.8882

If buying multiple tickets, you will be contacted for ticket assignments



PrairieCare Fund
Support for youth mental health