



Diabetes Research
RAFFLE TICKET ORDER FORM

ONLY 1,000 TICKETS AVAILABLE, DRAW DATE JUNE 2, 2010

PURCHASER INFORMATION *(Please print clearly.)*

Mr. Mrs. Ms. Mr. & Mrs.

FIRST NAME _____

LAST NAME _____

ADDRESS _____

CITY _____

PROVINCE _____

POSTAL CODE _____

HOME PHONE () _____

WORK PHONE () _____

E-MAIL _____

AGE 18-34 35-49 50-64 65+

I WOULD LIKE

___ ticket(s) at \$50 each for a total of \$ _____

I would also like to donate \$ _____

Tax receipts can only be issued for donations.

TOTAL \$ _____

This ticket is a gift. Name to appear on ticket:

NAME _____

PHONE _____

METHOD OF PAYMENT

Please make cheque/money order payable to **ADF**. No post-dated cheques will be accepted.

Visa MasterCard Amex Cheque Money Order

CARD NUMBER: _____ EXPIRY DATE: /

CARDHOLDER'S NAME: _____

CARDHOLDER'S TELEPHONE: _____

CARDHOLDER'S SIGNATURE: _____

By entering this raffle: I acknowledge I have read and understand the rules and regulations of this raffle and confirm I am at least 18 years of age and am a resident of the province of Alberta. Please allow a minimum of two weeks for delivery of ticket(s). While we are committed to protecting the privacy of your personal information we may maintain a record of your interaction for donor-related, promotion and tax receipting purposes. Occasionally we may contact you with campaign or event-related communications. If you wish not to be contacted or have any questions or concerns regarding the privacy of your personal information please contact the ADF at 1-800-563-2450. The ADF does not share information with other organizations. Raffle number 281139.

MAIL TO:
1-020 HRIF-East
University of Alberta
Edmonton, AB T6G 2E1

DROP IN:
1-020 HRIF-East
8602 – 112 Street

FAX TO:
1-780-492-6046
PHONE:
1-800-562-2450

E-MAIL
events@afdr.ab.ca

THANK YOU FOR YOUR SUPPORT!!