



**Gun Raffle Donor Campaign Finance Information**

**PLEASE PRINT**

**NAME:** \_\_\_\_\_

**ADDRESS (Street/PO Box):** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIPCODE:** \_\_\_\_\_

**RETIRED:** YES ☐ NO ☐, if 'NO':

**EMPLOYER:** \_\_\_\_\_

**POSITION:** \_\_\_\_\_

**Raffle Contact Information** (either or):

**Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**To be filled out by CCRC Only:**

**TICKET NUMBER/S:** \_\_\_\_\_

**PAYMENT:** CASH ☐ CHECK ☐, if 'CHECK': **CHECK NUMBER:** \_\_\_\_\_