



**Drive Against Diabetes Inc.
(D.A.D. Inc.)**

Raffle Ticket Order Form

Name: _____

Street Address: _____

City: _____ State: _____ Zip code: _____

Phone #: Main _____ Alternate: _____

Email: _____

Event: Glock-A-Day in May

Winning numbers for the raffle are based on NYS Pick 3 Afternoon and Evening Drawings

Ticket quantity desired: _____ X \$50.00 each = Total Price: _____

Preferred ticket numbers* (3 digits each):

***All ticket numbers are based on availability. There is NO guarantee your ticket # will be any of the ones listed above.**

Send completed order form, along with payment (check or money order) for the total order amount above made payable to:

DRIVE AGAINST DIABETES, INC

7017 Meadowlark Court

North Tonawanda, NY 14120

Are you interested in selling tickets for future D.A.D. raffles? Y / N