



Holy Family Catholic School

"RAISING THE DOUGH"

\$70,000 RAFFLE

Five Drawings!!! Five Chances to WIN!!!

Top Prize is \$50,000

First Prize: \$50,000 Second Prize: \$10,000 Third Prize: \$5,000 Fourth Prize: \$3,500 Fifth Prize: \$1,500

◆ **ONLY 2000 PAID TICKETS OFFERED**

◆ **REQUEST A PRAYER BOUQUET**

When you order your ticket, request a Prayer Bouquet and the Holy Family Catholic School Children will pray for your special intention or loved one throughout the school year.

◆ **\$100.00 PER TICKET**
REQUESTED DONATION

Split a ticket with family or friends!
Order with cash, check or credit card.

◆ **MAKES A GREAT GIFT!**

◆ **WIN UP TO \$70,000!**

Winning tickets returned to the barrel for the Remaining drawings.

FIVE WINNING TICKETS WILL BE DRAWN:

October 23, 2009 at Holy Family Catholic Church Parish Life Center
5125 S. Apopka-Vineland Road; Orlando, FL 32819
Need not be present to win!

Make Donations payable to Holy Family. Detach and return bottom of form to HFCS, 5129 S. Apopka-Vineland Rd., Orlando, FL 32819. Allow 2 weeks to process and mail your ticket(s). Deadline for ALL ticket orders is 10/23/2009.

Cash prizes in the amounts of \$1,500, \$3,500, \$5,000, \$10,000.00 and \$50,000.00 respectively, will be awarded to the holder of the single ticket drawn at random at each drawing. The funds utilized to award the cash prizes shall be obtained from contributions received from drawing entrants. Not more than 2,000 fully paid tickets will be distributed. The contest and all drawings will be completed in accordance with the requirements of Section 849.0935, Florida Statutes. The requested minimum donation for each ticket shall be \$100.00. No purchase or contribution is necessary. The right to limit the number of tickets issued to each drawing entry is expressly reserved. Winners must be 18 years of age or older. For a list of winning names please send your request with a self-addressed stamped envelope to the above address.

This is your TEMPORARY receipt.

Date _____ # of Tickets _____ @ \$100/ticket = \$ _____ Cash / CC / Check# _____

HFCS family # - _____ HFCS family name: _____ Office Use _____
(School Family ID #) (School Family Name)

ORDER FORM

DATE _____ # of Tickets Purchased _____ @ \$100 per ticket \$ _____

Buyer Name: _____ Amount Paid \$ _____ Cash / Check / Credit
Buyer Must be at least 18 years of age

Address: _____ Check # _____

City/State/Zip: _____ CC# _____

Phone# _____ Exp. Date: _____

School family known - _____ School ID#: _____ Signature: _____



I would like a Prayer Bouquet for: _____

Ticket(s) are a gift for (Winner Must be at least 18 years of age) : _____

Address to mail ticket(s) (other than buyer's): _____

For Office Use Only: Credit Card Auth: _____

Ticket Numbers Assigned: _____