



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

## Raffle Ticket Order Form

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

(Please complete all contact information, incomplete information can delay our ability to contact you if you win)

**Glock A Day / Glocktober (circle one)**

Winning numbers for the raffle are based on NYS Pick 3 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  
2150 Lancelot Dr  
Wheatfield, NY 14304**

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