

West Sacramento Foundation

Name of Team: _____

Responsible Contact Person: _____

Phone: _____ Alternate Phone: _____

This verifies that our team has picked up _____ (quantity) raffle tickets, numbered # _____ through # _____.

We will return the ticket stubs and unused tickets by: **October 10, 2010**

*The pickup and drop-off location is:
1524 Acorn Court, West Sacramento, California
Contact Charlie Moore, at 1-916-417-5623.
Or Katherine VanDiest at 1-916-832-8965*

We are aware that our team will collect the money for the tickets and our team will write ONE check to West Sacramento Foundaton for the total amount sold.

We understand the West Sacramento Foundation cannot accept cash under any circumstances!

The West Sacramento Foundation will then write a check for ninety percent of the amount made out to our team within ten days. We are also aware that West Sacramento Foundation has a non-profit status and promise to act in accordance with such status.

Make check payable to: _____

Mailing Address (MANDATORY):

TAX ID: _____

Signature of Responsible Person

Date Tickets Received

This section to be completed when tickets are returned (no later than September 15, 2010):

Number of unsold tickets returned..... _____

Lost or destroyed..... _____

Check Number _____ Amount\$ _____

Total (will match amount of tickets picked up)..... _____

Signature of Responsible Person

Date ticket stubs & Check returned