



Friends of Saint Anne's Hospital 2010-2011 Money Tree Raffle

Ticket Order Form

Purchaser/Ticket Holder Name*: _____ Daytime Phone: _____

Address: _____ E-Mail: _____

City: _____ State: _____ Zip: _____

In lieu of receiving a W-9 for weekly drawing winnings, please provide ticket holder SS# or, if purchasing through a business, Tax ID #, as it appears on your tax form: **ID#:** _____ This information will be used **only if you win over \$600.00 in a calendar year.** Should this be the case, a 1099-Miscellaneous form will be forwarded to you by the end of January so you can report your winnings for tax purposes. Official W-9 forms will be requested from winners of the Grand Prize Drawing. The completed form will need to be returned before your winning check can be mailed. If a team, please attach all numbers on separate sheet.

Please reserve _____ # ticket(s) at \$250 each totaling \$ _____.

- I am purchasing this ticket for myself and will be the sole ticket holder.
- This ticket(s) is being purchased by a Team (more than one person). See reverse side for Group Ticket information.
- *This ticket(s) is being purchased as a gift for: _____

Address: _____ City/ST/Zip _____ Phone: _____

*This person will receive the ticket by mail, be eligible for all the benefits entitled to this ticket, and be responsible for any taxes on winnings unless part of a team.

Choose one of the following payment options:

- Monthly Billing** (Available for EFT only, see below)
Payment of \$20.83 will be withdrawn electronically on the 15th of every month.
- Quarterly Billing** (3/19/10, 6/4/10, 8/27/10, and 11/26/10) first payment of \$62.50 must accompany this form.
 - Electronic Funds Transfer (see below)
 - Check made payable to FSAH Money Tree Raffle
 - Visa/MasterCard/AMEX (circle one) Card Number _____ Exp. _____
- One time outright payment of \$250**
 - Electronic Funds Transfer on 3/19/10 (see below)
 - Cash (do not mail cash, please hand deliver)
 - Check made payable to FSAH Money Tree Raffle
 - Visa/MasterCard/AMEX (circle one) Card Number _____ Exp. _____
- Payroll Deduction** (Available to Saint Anne's Hospital Employees only-per diem status not eligible).
By checking this box you authorize Saint Anne's Hospital to deduct \$10 per *pay period* from your net salary beginning in the April 1, 2010 paycheck and ending with the March 3, 2011 paycheck, totaling \$250.

Electronic Funds Transfer Information:

Bank Name: _____
 Bank Address: _____
 Account Type: _____ Checking (attach voided check) Savings (attach voided deposit slip)
 Account #: _____ *Routing #: _____

*The routing number is a 9 digit number found on the bottom of your checks set in between two of these symbols:

I understand that payment must be current to be eligible for weekly drawings and that I must pay the full \$250.00 per ticket by March 09, 2011 to be eligible for the Grand Prize Drawing on March 11, 2011. I have read the rules on the backside of this order form and agree to the terms stated.

X Signature of Purchaser: _____

All purchasers must sign in acknowledgment of rules. Signature also authorizes credit card and EFT(s).

Official ticket stub and confirmation of your participation will be mailed within 30 days to the address provided above.

Complete and mail to: FSAH Money Tree Raffle
 Saint Anne's Hospital
 795 Middle Street
 Fall River, MA 02721