



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