

RAFFLE FORM

Please return this form to All Hands Raised (Portland Public Schools Foundation) after the completion of your raffle. Accuracy on this form is essential. Completed forms may be emailed to abe@allhandsraised.org

Name of Foundation: _____

Name of foundation representative completing form: _____

Telephone number: _____

Email: _____

Number of tickets printed:
Total Number of tickets sold:
Single ticket price:
Beginning ticket number: _____ Ending ticket Number: _____
Multiple ticket sales: _____ for \$ _____
Starting date for sales: _____ Ending date for sales: _____
Number of ticket sellers:
Total Raffle Handle (sales):

_____ Did you attach a copy of your raffle ticket and/or raffle disclosure flyer?

_____ Have you sent AHR the receipts for purchase of prizes related to the raffle?

_____ Did you submit a list of the prizes (cash and merchandise)?

_____ Did you submit a list of expenses (printing, advertising, etc.)?

_____ Did you retain and deliver the completed ticket stub for the raffle winner to All Hands Raised, along with the winner's contact information and signature?