

Camaro Car Raffle

Tickets on Sale Now!



Tickets are \$100.
& limited
to 1,000 tickets

RESERVE MY TICKET NOW!

Name _____

Address _____

City _____

State _____ Zip Code _____

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Raffle Ticket Quantity _____

Enclosed is a check in the amount of: \$ _____

Please make checks payable to St. Mary's Hospital Foundation

Please charge my credit card for: \$ _____

Amex Discover Visa Master Card

Card No. _____

Exp. Date _____ Security Code _____

Signature _____

Please mail or e-mail this completed form to:



St. Mary's Hospital

FOUNDATION

350 Boulevard, Passaic, NJ 07055

ceam@smh-passaic.org