

THE BIG RED RAFFLE

Benefiting Special Olympics Wisconsin

Name _____

Email _____

Phone _____

Agency/Athlete Name (if applicable) _____

of Tickets _____

Must be a WI resident to win. By completing this coupon with payment, you hereby authorize Special Olympics Wisconsin to fill in your name, etc. onto your ticket(s) and drop in the raffle bin.

2 WAYS TO SUBMIT!

Tickets \$5 each

1. By phone: Call (608) 442-5664
Monday -Thursday 7am-3pm
Visa & MasterCard accepted

2. By return coupon: Complete the form
and return with your check payable to:
***Special Olympics Wisconsin at 2310 Crossroads
Drive, Suite 1000, Madison, WI 53718.***

You may pickup your raffle ticket stub at the address listed
or we will email you a photocopy of your ticket(s).

License # R0002423-A-74789

***Special
Olympics
Wisconsin***

