

Sold Ticket Form
Support Our Kids
Money by the Month



Family Name: _____

Phone Number: _____

Youngest Name: _____

Youngest Room Number: _____

Number of tickets sold: _____ **X \$5.00 =** _____

Please return ticket stubs and a check made payable to St. Michael Parent Group in an envelope with your family name and “Raffle” written on it.

No tickets will be accepted after September 29, 2006.