

**2023 CAMPAIGN FOR EQUAL ACCESS  
RAFFLE TICKET PAYMENT FORM**

Name \_\_\_\_\_

Address \_\_\_\_\_ Suite \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_

Please select one option:

\_\_\_\_\_ I am purchasing \_\_\_\_\_ raffle tickets at \$100.00 per raffle ticket.

\_\_\_\_\_ I am purchasing six tickets for \$500.00.

***Enclosed is my check for \$ \_\_\_\_\_ made payable to the Dallas Bar Association Community Service Fund.***

***Please charge my credit card:***

Please check: Visa \_\_\_\_\_ MasterCard \_\_\_\_\_ AMEX \_\_\_\_\_

Name on Card: \_\_\_\_\_

Credit Card No. \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Security Code \_\_\_\_\_

Signature \_\_\_\_\_

Dollar Amount: \$ \_\_\_\_\_

Credit Card Billing Address \_\_\_\_\_

\_\_\_\_\_

**Send form and payment to:**

**Raffle**

**Dallas Bar Association**

**2101 Ross Avenue**

**Dallas, TX 75201**

**Fax: 214-220-7465**

**Email: [aldenm@lanwt.org](mailto:aldenm@lanwt.org)**