



ANGEL CHARITY FOR CHILDREN

3132 N. Swan Rd., Tucson, AZ 85712
Tel: 520-326-3686 Fax: 520-326-3584
www.angelcharity.org

Chance Ticket

Angel Charity Use Only

Sold by _____

Phone _____ Date _____

Angel Member Beneficiary

Other _____

Business Contribution

Individual Contribution

New Donor Yes No

*Name on Chance Ticket _____
Title: Mr./Mrs./Ms./Dr(s)/Mr. & Mrs./Dr.&Mr(s) First Name(s) Last Name Spouse's Name

*Ticket(s) purchased by _____
Title: Mr./Mrs./Ms./Dr(s)/Mr. & Mrs./Dr.&Mr(s) First Name(s) Last Name Spouse's Name

*Mailing Address _____ City _____ State _____ Zip _____
 Business Address Individual Address

*Phone _____ *E-mail _____

*Required Information

Angel Charity for Children, Inc. has a donor privacy policy and never sells or rents donor information to any third party.

Ticket Numbers

Number of Purchased Tickets _____

Ticket Price _____ x \$100

Total Payment Amount \$ _____

Method of Payment

Cash Check No. _____ Payable to Angel Charity for Children, Inc.

Credit Card Visa MasterCard

CC Number _____

Expiration _____ 3 Digit Security Code _____

Signature _____ Date _____