



Saving Lives for Over 50 Years

Tickets are \$3 each. Quantity discounts: \$20 for 8 tickets, \$30 for 15 tickets, \$40 for 22 tickets, \$50 for 30 tickets. Prize list & easy ticket submission tips on letter. Please print clearly. Make checks payable to CVHS. Tickets must be submitted by January 4, 2020. Drawing will be held on January 8, 2020. Winners to be notified by email or phone. (CVHS Board & Staff not eligible to win.)

### CVHS Holiday Raffle Ticket

Name \_\_\_\_\_ Item # \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone # \_\_\_\_\_  
Email \_\_\_\_\_

### CVHS Holiday Raffle Ticket

Name \_\_\_\_\_ Item # \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone # \_\_\_\_\_  
Email \_\_\_\_\_

### CVHS Holiday Raffle Ticket

Name \_\_\_\_\_ Item # \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone # \_\_\_\_\_  
Email \_\_\_\_\_

### CVHS Holiday Raffle Ticket

Name \_\_\_\_\_ Item # \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone # \_\_\_\_\_  
Email \_\_\_\_\_

### CVHS Holiday Raffle Ticket

Name \_\_\_\_\_ Item # \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone # \_\_\_\_\_  
Email \_\_\_\_\_

### CVHS Holiday Raffle Ticket

Name \_\_\_\_\_ Item # \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone # \_\_\_\_\_  
Email \_\_\_\_\_

### CVHS Holiday Raffle Ticket

Name \_\_\_\_\_ Item # \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone # \_\_\_\_\_  
Email \_\_\_\_\_

### CVHS Holiday Raffle Ticket

Name \_\_\_\_\_ Item # \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone # \_\_\_\_\_  
Email \_\_\_\_\_

### CVHS Holiday Raffle Ticket

Name \_\_\_\_\_ Item # \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone # \_\_\_\_\_  
Email \_\_\_\_\_

### CVHS Holiday Raffle Ticket

Name \_\_\_\_\_ Item # \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone # \_\_\_\_\_  
Email \_\_\_\_\_