



Maids of Athena

JUNIOR AUXILIARY OF THE DAUGHTERS OF PENELOPE

1909 Q STREET NW • SUITE 500 • WASHINGTON, DC • 20009

PHONE: (202) 232-6300 • FAX: (202) 232-2140 • E-MAIL: MOAGrandLodge@gmail.com
www.maidsofathena.org

RAFFLE REMITTANCE FORMS

Chapter Name _____

Chapter # _____

Seller: _____

Price of Ticket(s): _____

Raffle to benefit: _____

SINGLE TICKETS

	Buyer Name	Check	Ticket #	Total
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____
7.	_____	_____	_____	_____
8.	_____	_____	_____	_____
9.	_____	_____	_____	_____
10.	_____	_____	_____	_____

PACKAGED TICKETS

	Buyer Name	Check	Ticket #	Total
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____
7.	_____	_____	_____	_____
8.	_____	_____	_____	_____
9.	_____	_____	_____	_____
10.	_____	_____	_____	_____

TOTAL ENCLOSED: _____

Instructions:

Please fill out this form as completely as you can. It is important to write out all the ticket numbers and have each ticket accounted for, as well as double checking that the amounts in both sections equal the total amount enclosed. If you are selling tickets as a chapter, please write your chapter name and number in the seller section. The Raffle Benefits line is where you will put what the raffle is for (i.e. National Project, Emergency Fund, etc).

Checks are to be made out to: **MAIDS OF ATHENA**

**REMIT ALL FUNDS TO:
MAIDS OF ATHENA**

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