



Gun Raffle Donor Campaign Finance Information

**PLEASE PRINT**

NAME: \_\_\_\_\_

ADDRESS (Street/PO Box): \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIPCODE: \_\_\_\_\_

RETIRED: YES  NO  --- If 'NO' please complete the next two lines:

EMPLOYER: \_\_\_\_\_

POSITION: \_\_\_\_\_

Raffle Contact Information (either or):

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

To be filled out only by WinniGOP:

TICKET NUMBER/S: \_\_\_\_\_

PAYMENT: CASH  CHECK  Number: \_\_\_\_\_