

Official Ticket Request Form

IPSF 7th Annual Dream Stakes Home Raffle!

To order your raffle ticket, complete this form and either:

Mail to: IPSF 18552 MacArthur Blvd. Suite 200, Irvine, CA 92612	Fax to: 949.265.6417 24 hours	Phone: 949.734.6873 Mon - Fri, 9am - 4pm
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Please type or print all information clearly. Winners must present valid identification that matches the name on the ticket.

Yes! I wish to purchase _____ ticket[s] at \$150 each.

Yes, I'd also like to be in the running for a rent-free year at The Park at Irvine Spectrum Center. (opt-in required)

Name to appear on ticket (Only one name may be listed on each ticket):

Name _____

Address _____

City _____ State _____ Zip _____

Home phone _____ Work phone _____ Cell phone _____

Email _____

Purchaser's name (If different from above):

Name _____

Address _____

City _____ State _____ Zip _____

Home phone _____ Work phone _____ Cell phone _____

Email _____

Visa Mastercard Discover Check or money order enclosed (payable to IPSF)

Card Number _____ Exp. Date _____ Security Code _____

Signature _____ \$Total Payment _____

All sales are final. Tickets will be mailed to the ticket holder listed after payment is processed. Please allow up to 4 weeks. Official rules are at IrvineDreamstakes.com. Thank you, and good luck!

How did you hear about the raffle?

Newspaper TV Web Site email Friend School site Mail FB Other

OFFICE USE ONLY: Authorization # _____ Ticket # _____	_____
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