Doylestown Health Foundation

23rd ANNUAL RAFFLE

IN SUPPORT OF THE
VIA Maternity Center
at Doylestown Hospital

ENTER THE RAFFLE TODAY!

❑ **I'd like _____ raffle entry/ies at $100 each for a total of $_____**

❑ **I'd like to make a 100-percent tax-deductible donation of $_____ (No tickets)**

TOTAL: $_____

Name _____

Address Line 1 _____

Address Line 2 _____

City _____ State ____ ZIP _____

Phone (Circle one: Cell / Work / Home) _____

Email _____

❍ Check payable to "Doylestown Health Foundation" enclosed

❍ Charge to my credit card:

❍ Visa ❍ Mastercard ❍ AmEx ❍ Discover

Cardholder's Name _____

Card Number _____

Expiration Date ____ /____ Security Code _____

Signature

Return form and payment to:

Doylestown Health Foundation
595 West State Street
Doylestown, PA 18901

Winners will be drawn on November 22, 2024, at 1:00 p.m. live on Facebook @DoylestownHealthFoundation.

Winners need not be present.
Winners will be notified, and posted on DoylestownHealthFoundation.org/Raffle.

Copies of this form are accepted. Entries must be received by 11:59 p.m. EST on 11/21/24. Raffle tickets are also available online.

For more information, visit **DoylestownHealthFoundation.org/Raffle**.

If you prefer to opt out of future fundraising communications, please email **gifts@dh.org**.

Name(s) to be written on ticket stub _____

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