

TEAM  
“I WILL.”

Super Bowl Raffle Ticket Payment Form

**Purchaser Info:**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_


Address: \_\_\_\_\_


Unit/ Ste: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ PC: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

**Raffle Ticket Purchase:**

 Extra Point (1 Ticket) = \$95.00

 Field Goal (3 Tickets) = \$285.00

 Touch Down (7 Tickets) = \$665.00

IN SUPPORT OF  
Toronto Rehab Foundation  UHN

**TEAM**  
**“I WILL.”**

**Payment Method:**

Cheque     Visa     MasterCard     AMEX

*Paying By Cheque? Make cheque payable to Toronto Rehab Foundation*

**Name on Card:**

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**Card Number:**

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**Expiry Date:** \_\_\_\_\_ **CCV (Security #)** \_\_\_\_\_ **Signature:**

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