



Idaho FFA Foundation TRACTOR RAFFLE Ticket Order Form

Date _____

*Tickets are
\$10 each*

Name _____

Address _____

City/State/Zip _____

Phone _____

Email _____



Local FFA Chapter _____

Number of Tickets Ordered _____ @ \$10 each

Total amount paid _____

- Check Enclosed Please bill my:
 Visa or Mastercard

Name on card: _____

Card Number and Expiration   Date: _____

Exp _____

Signature _____

Please mail to:
Idaho FFA Foundation
PO Box 827
Star, ID 83669

Questions? Phone: 208-869-6594
or Email: mjedry@idffaoundation.org
www.idffaoundation.org



<p>FOR OFFICE USE: CC Approval _____</p> <p>Received _____ Mailed Tkts _____</p> <p>Ticket #s Issued _____</p>

Please keep YELLOW COPY for your records.