



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 _____

_____ Security Code on Back of Card

Signature _____

Please mail to:

Idaho FFA Foundation
P.O. Box 870
Meridian, ID 83680



Questions? Phone: 208-861-2467,
or Email: lwilder@idffaoundation.org
www.idffaoundation.org

501(c)3
Non-Profit

FOR OFFICE USE: CC Approval _____
Received _____ Mailed Tkts _____
Ticket #s Issued _____