



# \$15,000\* Tuition Raffle

*For SVHS or ANY accredited California K-12, College or University of the winner's choice*

Buy a ticket for your chance to win free tuition for the 2017-2018 school year.  
*Drawing will be held at SVHS on Tim Shea Day - May 26, 2017*

- 1 ticket - \$100
- 3 tickets - \$300 + 1 FREE ticket
- 5 tickets - \$500 + 3 FREE tickets
- 10 tickets - \$1000 + 5 FREE tickets

**Official Rules and Regulations:**

1. One winner will be selected at the SVHS Tim Shea Day Powder Puff Football game on May 26, 2017.
2. You need not be present to win. Winner will be contacted by phone or certified mail upon conclusion of the drawing.
3. There are no limitations or exclusions on who is eligible to purchase tickets although you must be 18+.
4. Winner may designate qualified recipients.
5. Payment will be made directly to an accredited, non-profit K-12 school, college or university located in California. Eligible expenses include tuition, room and board, books and school-related fees.
6. Payment must begin within 6 months of drawing. Any unused portion of the prize remaining after one year beyond the date payment commences would revert to St. Vincent de Paul High School.
7. Prize is not redeemable for cash. Voucher beneficiary pays any applicable taxes and the school will issue a 1099.
8. Proceeds will benefit the students of St Vincent High School.

*\*If fewer than 300 tickets are sold, the tuition prize will be pro-rated using the same percentage calculated as "number of tickets sold/300 tickets x \$15,000". (For example: 150 tickets sold - Prize will equal (150/300) x \$15,000 or \$7,500).*

Please return the completed form and payment to St. Vincent High School  
Attn: Tuition Raffle, 849 Keokuk Street, Petaluma, CA 94952

Number of raffle tickets purchased \_\_\_\_\_ (Number of eligible free tickets) \_\_\_\_\_

Name \_\_\_\_\_ phone # \_\_\_\_\_ e-mail \_\_\_\_\_

Address (street, city, zip) \_\_\_\_\_

**Payment Information:**  Check enclosed for a total of \$ \_\_\_\_\_ Check # \_\_\_\_\_

VISA  MasterCard  AMEX  Discover Amount: \$ \_\_\_\_\_

Name on Card: \_\_\_\_\_

Number \_\_\_\_\_ exp. \_\_\_\_/\_\_\_\_ CVCC Code: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Your raffle ticket stubs will be mailed to you.*