Please print legibly. Credit Card Purchases: Please print name as it appears on your card; email mandatory. Name: City: ST: Zip:) --- Email: Phone :(# of Event Ticket(s) @ \$50.00 Per Person Table Package or Date Night: _____Gun Choice for \$2000_____ Gun Drawing: 8 Guns 1 Winner! _____\$100 Each-Only 150 Tickets! Ticket Packs: RED, WHITE, BLUE BUCKETS-Buy One Get One Free(must be purchased by 10/24/2024 by 5:00pm) \$100 \$200 \$300 \$500 \$1,000 \$1,500 \$2,500 All event tickets, raffle ticket packs, and raffle tickets will be held at the door. Grand Total: Form of Payment () Check made Payable to Friends of NRA (must be included) () Visa () Mastercard () Discover () American Express Credit Card #_____Exp. Date__ / CCV Signature ______ Please print legibly. Credit Card Purchases: Please print name as it appears on your card; email mandatory. City: _____ ST: ____ Zip: ____ Phone :() --- Email: _____ # of _____Event Ticket(s) @ \$50.00 Per Person Table Package or Date Night: ______Gun Choice for \$2000_____ Gun Drawing: 8 Guns 1 Winner! _____\$100 Each-Only 150 Tickets! Ticket Packs: RED, WHITE, BLUE BUCKETS-Buy One Get One Free(must be purchased by 10/24/2024 by 5:00pm) <u>\$100</u> <u>\$200</u> <u>\$300</u> <u>\$500</u> <u>\$1,000</u> <u>\$1,500</u> <u>\$2,500</u> All event tickets, raffle ticket packs, and raffle tickets will be held at the door. Grand Total: Form of Payment () Check made Payable to Friends of NRA (must be included) () Visa () Mastercard () Discover () American Express Credit Card #______Exp. Date____/___CCV____

Signature