



Goulds Community Development Corporation  
2009 - Dream House Raffle - Official Entry Form - Credit Cards

**Complete and mail this form to:**

Goulds CDC Dream House Raffle  
P.O. Box 700031  
Goulds, FL 33170

**Or, fax this form to:**

1- (702 ) -921-9212

**Number of Tickets:** \_\_\_\_\_ x \$150 per ticket = **Total Amount:** \_\_\_\_\_

☐ Check enclosed – payable to CAM Raffle

Or, please charge my (check one): ☐ VISA ☐ MasterCard ☐ American Express ☐ Discover

Card Number: \_\_\_\_\_

Security Code: \_\_\_\_\_

(last three numbers on signature line on back of credit card, or four digits on the front of American Express, above the account number)

Expiration Date: \_\_\_\_\_

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

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

Please print legibly so we may process your order without delay:

Name On Credit Card: \_\_\_\_\_ Phone: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name To Appear On Ticket: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address For Ticket: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-Mail Address (Please Print Legibly): \_\_\_\_\_

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

