



Visiting Nurse Association
of Central Jersey

2023 Car Raffle Order Form

Please send me _____ # of Raffle Tickets at \$100 each. Total Amount Enclosed \$ _____

Name _____

Address _____

City _____ State _____ Zip _____

Telephone _____ Email _____

Check enclosed (payable to VNA Health Group) AMEX MasterCard Visa

Credit Card # _____ Exp. Date _____ Sec. Code _____

Name on Card _____

Signature _____

How did you hear about the Raffle? Or Where did you see the Jeep? _____

Mail completed form with payment to:

VNA Philanthropy Office
23 Main Street, Suite D1
Holmdel, NJ 07733

Completed forms will be accepted by mail only

To make a credit card payment or if you have any other questions,
please call 732-224-6973.