2026 TRADITION LOTTERY

MEMORIAL

BUYER INFORMATION

Ticket Buyer Name:____

I wish to buy_____ number of Lottery ticket(s) for $100 each ☐ New Address (from last year) ☐ Do not publish my name if I win

Street Address:____

City:_______________________ State:__________ Zip:______________

Phone: Primary #:__________________ Alternate #:__________________

Email:____

GIFT TICKET INFORMATION

(Note: All gift tickets will be sent to the BUYER unless otherwise directed)

Gift Ticket Name:____

Street Address:____

City:_______________________ State:__________ Zip:______________

Phone: Primary #:__________________ Alternate #:__________________

Email:____

GIFT TICKET INFORMATION

(Note: All gift tickets will be sent to the BUYER unless otherwise directed)

Gift Ticket Name:____

Street Address:____

City:_______________________ State:__________ Zip:______________

Phone: Primary #:__________________ Alternate #:__________________

Email:____

GIFT TICKET INFORMATION

(Note: All gift tickets will be sent to the BUYER unless otherwise directed)

Gift Ticket Name:____

Street Address:____

City:_______________________ State:__________ Zip:______________

Phone: Primary #:__________________ Alternate #:__________________

Email:____

Total # of Tickets______ Total # of Gifts______

PAYMENT OPTIONS

Total AMT of Purchase: $__________

Cash (__________) Check # ____________________ Date______________

(Payable to ECHS)

Debit Card#:____

CVV:__________EXP DATE____________

SUPER SELLER:________________________

Complete this form and return with payment to:
Evansville Catholic H.S.
520 S. Bennighof Ave.
Evansville, IN 47714
Questions?
Call us at (812) 303-0006

OFFICE USE ONLY:
Ticket #________Ticket Received:__________