



**CITY and COUNTY OF SAN FRANCISCO
Combined Charities Campaign**

Drawing Ticket Request

I do not wish to contribute to the Combined Charities Campaign; however, I would like to enter my name in the drawing for the donated prizes.

-or-

I am contributing less than \$26 to the Combined Charities Campaign.

Please enter my name into the drawing.

Employee Name: _____

Employee ID #: _____

Department: _____

Address: _____

Work Telephone: _____

Signature: _____

Below to be completed by Coordinators or Captains ONLY

Campaign Coordinator/Captain: _____

Telephone Number: _____

Signature: _____ Date: _____

*Please submit this form and completed drawing ticket
with your submittal and pledge forms.*

**Copy this form as needed or download from website
<http://www.sfgov.org/charity>**