



MEGA RAFFLE

Reservations by mail must
be received by May 26, 2023.

Name _____

Address _____

City _____

State _____

Zip _____

Email _____

Phone _____

Number of tickets at \$50 each: _____ Total amount due: \$ _____

Method of payment:

- Check enclosed (payable to Somerset Health Care Foundation)
 Please charge my:
 American Express MasterCard Visa Discover

Card number: _____ Exp. date: ____ / ____ CVV: _____

Signature: _____

Your portion of the ticket(s) will be mailed to you once your reservation is processed.
For more information, visit rwjbh.org/somersetgiving or call 908-685-2885.

**Please mail this form along
with your payment to:**

Somerset Health Care Foundation
110 Rehill Avenue
Somerville, NJ 08876

**Somerset
Health Care** | **RWJBarnabas
HEALTH**
Foundation