



FOUNDATION RAFFLE

Raffle Ticket Order Form

ODA Foundation
1370 Dublin Road
Columbus OH, 43215
www.oda.org

Fax completed form to (614) 486-0381 or mail to ODAF at address listed above. Mailed order forms must be received at the Foundation office by Sept. 19, 2025.

**Each ticket purchased offers a chance to win one of two great prizes to be drawn at the ODA Annual Session on Saturday, September 27, 2025.
Winners need not be present to win.**

Name: _____ ADA #: _____

Address: _____

City/State/Zip: _____

Office Phone: _____ Cell Phone: _____

Ticket Quantity:

_____ Individual Ticket: \$100

_____ 3-pack of Tickets: \$250

_____ 6-pack of Tickets: \$500

Ticket Numbers:

Total Purchase Amount: \$ _____

Form of Payment: Check Enclosed Check Number: _____

Visa MasterCard Discover AmEx

Card Number: _____

Expiration Month/Year: _____ 3-digit security code: _____

Name as it appears on card: _____

Billing Address: _____

Billing City/State/Zip: _____

Ticket Seller Name: _____