



## Order Form: NISGUA 2017 Take a Chance for Justice Drawing Tickets

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First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Number of Drawing Tickets: \_\_\_\_\_

Total Amount Due: \_\_\_\_\_ (\$25/ticket)

**Payment Method:**  Check (mail check with form)  
 Credit Card

**Credit Card Information:**  
 Visa  MasterCard

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Signature: \_\_\_\_\_

**Mail printed form to:**  
NISGUA  
PO Box 70494  
Oakland, California  
94612