

Rotary Club

Of Fenelon Falls

Classic Car Draw



Name _____

Address _____

City / Town _____

Prov / State _____ Postal / Zip _____

Telephone () _____

Email Address _____

Total Number of Ticketes required _____

CREDIT CARD INFORMATION

VISA MASTER CARD AMEX

Name on Card _____

Card Number _____

Expiry Date _____
 MONTH YEAR

To order your ticket(s), please print this page, complete it and send it along with your payment by Money Order, Cheque or credit card to:

Classic Car Draw
Rotary Club of Fenelon Falls
P.O. Box 862
Fenelon Falls, Ontario
K0M 1N0