



**CITY and COUNTY OF SAN FRANCISCO  
2015 Combined Charities Campaign**

**Drawing Ticket Request**

I do not wish to contribute to the 2015 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 2015 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>**