

**FUNDINGACAUSE.COM**  
**RAFFLE SURVEY**

Financial Goal (in dollars)   
Number of supporters to sell raffle tickets

Number of rewards desired

Number of supporters to your organization   
Population of support area

Is your organization a recognized non-profit organization?   
State your organization is organized in

Does your state allow raffles as a funding program? (Circle one) YES NO NOT SURE

Other Self Funding programs your organization has used in the past:

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**Contact information for your organization:**

**Name:** \_\_\_\_\_

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

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

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

**Zip Code:** \_\_\_\_\_

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

**email:** \_\_\_\_\_

**website:** \_\_\_\_\_

**Contact us at:**  
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