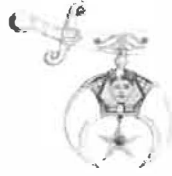


**FOR OFFICE USE ONLY**

Sponsor	_____
Ticket #s:	_____
Seller Tkt #:	_____
Invoice #:	_____



**CORPORATE ADVERTISING SPONSORSHIP  
 SESOSTRIS SHRINE SPORTSMAN'S RAFFLE  
 OCTOBER 15, 2022**

**SESOSTRIS SHRINE CENTER / 1050 SALTILLO ROAD / ROCA NE 68430**

Business Name: \_\_\_\_\_ Individual Name \_\_\_\_\_

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

City: \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Web Site Address \_\_\_\_\_ Phone Number: \_\_\_\_\_

Billing Nam \_\_\_\_\_ Email Address \_\_\_\_\_

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

City: \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Package 1 - \$2500 \_\_\_\_\_ Package 2 - \$1000 \_\_\_\_\_ Package 3 - \$500 \_\_\_\_\_ Package 4 - \$300 \_\_\_\_\_

Payment Options After June 8, 2022: Cash \_\_\_\_\_ Check # \_\_\_\_\_ Bill me \_\_\_\_\_

Signature of Purchaser \_\_\_\_\_ Date \_\_\_\_\_

Seller Name \_\_\_\_\_ Membership \_\_\_\_\_

Payments are not deductible as charitable contributions.  
 Proceeds are for the benefit of Sesostris Shriners

CUSTOMER RECEIPT

**CORPORATE ADVERTISING SPONSORSHIP  
 SESOSTRIS SHRINE SPORTSMAN'S RAFFLE  
 OCTOBER 15, 2022**

Package # \_\_\_\_\_ Payment Option after 6/8/2022: Cash \_\_\_\_\_ Check # \_\_\_\_\_ Bill Sponsor \_\_\_\_\_

Signature of Seller \_\_\_\_\_ Membership # \_\_\_\_\_ Date \_\_\_\_\_

Any questions or inquiries may be directed to the Sesostris Shrine office located at  
 1050 Saltillo Road, Roca, NE 68430 or call 402-474-6890.

Payments are not deductible as charitable contributions.  
 Proceeds are for the benefit of Sesostris Shriners