

CCAAA ~ 2023 Lottery Calendar Purchase Form

<p>Each calendar has a three-digit number on it and this number is good for every day of 2023. Cash prizes are awarded each day according to the amount of money listed on the calendar. Winning numbers are determined by the first three-digit PA Pick 3 evening number held at 7:00 pm.</p> <p style="text-align: center;">Purchaser Information</p> <p>Name: _____</p> <p>Address: _____</p> <p>City, State Zip: _____</p> <p>Phone: _____</p> <p>Email: _____</p> <p>Total Amount Owed: _____</p>	<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th colspan="2">Price Chart</th> </tr> <tr> <th>Quantity</th> <th>Amount owed</th> </tr> </thead> <tbody> <tr><td>1</td><td>\$26.00</td></tr> <tr><td>2</td><td>\$52.00</td></tr> <tr><td>3</td><td>\$78.00</td></tr> <tr><td>4</td><td>\$104.00</td></tr> <tr><td>5</td><td>\$130.00</td></tr> <tr><td>6</td><td>\$156.00</td></tr> <tr><td>7</td><td>\$182.00</td></tr> <tr><td>8</td><td>\$208.00</td></tr> <tr><td>9</td><td>\$234.00</td></tr> <tr><td>10</td><td>\$260.00</td></tr> </tbody> </table>	Price Chart		Quantity	Amount owed	1	\$26.00	2	\$52.00	3	\$78.00	4	\$104.00	5	\$130.00	6	\$156.00	7	\$182.00	8	\$208.00	9	\$234.00	10	\$260.00
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<p>Credit Card #: _____ Exp. Date: _____</p> <p style="text-align: center;">SCG06733</p> <p style="text-align: center;"><i>Please fill out and mail in, if you would like to email this form, please call us with your credit card.</i></p>																									
<p>Make Check Payable to: Clearfield County Area Agency on Aging, Inc.</p> <p>Mail to: 600 Cooper Rd, Curwensville, PA 16833</p> <p>Phone (814) 765-2696 ~ Email form to: rvaughn@ccaaa.net</p>																									

Calendar #1	Calendar #2
Name: _____ Address: _____ City, State Zip: _____ Phone: _____ Email: _____ Requested #: _____	Name: _____ Address: _____ City, State Zip: _____ Phone: _____ Email: _____ Requested #: _____

Calendar #3	Calendar #4
Name: _____ Address: _____ City, State Zip: _____ Phone: _____ Email: _____ Requested #: _____	Name: _____ Address: _____ City, State Zip: _____ Phone: _____ Email: _____ Requested #: _____

Calendar #5	Calendar #6
Name: _____ Address: _____ City, State Zip: _____ Phone: _____ Email: _____ Requested #: _____	Name: _____ Address: _____ City, State Zip: _____ Phone: _____ Email: _____ Requested #: _____

PLEASE CHOOSE PICKUP LOCATION: CLEARFIELD ___ OR CURWENSVILLE ___

If you live out of town and require calendars to be mailed, please let us know where they need to be mailed.