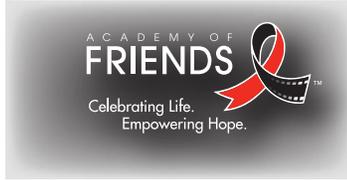


EZ TICKET ORDER FORM

Mail or Fax to: 415-995-9891

Or mail to: 650 5th Street #408
San Francisco, CA 94107



Yes, I'd like to buy total of _____ tickets/chances

1 for \$40

3 for \$100



Mercedes-Benz

Please charge my card below. *Donated by: **San Francisco**



Enter for a chance to win a 2-Year Lease* on a 2015 Mercedes GLA250 from Mercedes-Benz San Francisco

Purchase a chance to win and support HIV/AIDS organizations in the Bay Area

Drawing to occur at the 35th Annual Academy of Friends Gala on Sunday, February 22, 2015

Purchase or lease of a vehicle from Mercedes-Benz or Mercedes-Benz of San Francisco does not increase odds of winning. No more than 3,500 tickets will be sold. Odds of winning are based on the total number of tickets sold. There will be one winner, who need not be present to win. Void where prohibited. Some restrictions apply. The selected Mercedes-Benz GLA250 two-year lease secured as the prize is non-transferrable and non-endorsable, and no cash value or other substitutions will be offered. Two-year lease is contingent upon approval of credit and winner must qualify with Mercedes-Benz Financial Services. Specifications may vary from the pictured model and are at the final and sole discretion of Mercedes-Benz of San Francisco. All taxes, licenses and registration fees are the sole responsibility of the winner and must be paid in accordance with terms of a lease as generally invoiced. Winner must be 18 years of age with a valid driver's license and insurance. At conclusion of lease, winner is responsible for excess mileage (over 20,000 total) or wear and tear charges. Delivery of vehicle must take place at Mercedes-Benz of San Francisco by April 15, 2015. By participating in the Academy of Friends raffle you agree to the terms and conditions noted above. Visit www.academyoffriends.org for more complete rules and regulations.

This ticket is for (if buying for someone else): _____

Charge my (check one): Mastercard Visa American Express

Credit card number: _____ Exp. Date: _____ CVW Code: _____

Total amount to be charged to card: _____

Name as it appears on the card: _____

Signature: _____

Your name, if different from the name on the card: _____

Street Address card is billed to: _____

City: _____ State: _____ Zip: _____

Preferred phone: () _____ Email: _____

Referred by (AOF Board Member or Beneficiary Organization): _____

If you have questions contact Academy of Friends at 415-995-9890.