



Guidelines for Class A & Class B Raffles

The Bellin Health Foundation's raffle license permits the conduct of raffles to be used by the entire Bellin Health System (Hospital, BPC, BMG, Bellin College, Bel-Regional, etc.). **Please note that it is a violation of Federal Law to send tickets, stubs or monies for same via the U.S. Postal Service.**

The following guidelines and processes must be followed in connection with using this raffle license.

1. Approval must be obtained by The Bellin Health Foundation to hold **ANY** raffle within the health system. Contact The Bellin Health Foundation office at (920) 433-3731 or email amy.stach@bellin.org to express your interest in selling tickets for a raffle **6 weeks prior to raffle start date.**
2. Determine the type of raffle (Class A or B) that will best meet your needs. **Class A:** A license type needed when tickets are sold in advance and the day of the raffle. Tickets are pre-printed and cut to size with all raffle information on them. A winner **need not** be present to win. **Class B:** A license type needed when tickets are only sold the day of the raffle. Colored rip apart tickets may be used and will be furnished by the Foundation. A winner **must be** present to win.
3. All raffles will be conducted using The Bellin Health Foundation raffle license number, which cannot be loaned or transferred. The license number is different for each license Class and is changed after approval by the State of Wisconsin every year.
4. The Bellin Health Foundation must approve all costs associated with the raffle such as the cost of prizes purchased and printing costs incurred to ensure all federal and state raffle license laws are followed.
5. A raffle ticket template for Class A raffles appears below. Class A and B tickets may be ordered only from the Bellin Health Foundation. All raffle tickets must comply with state and federal gaming laws, including no "Early Bird" drawings or "arm's length" sales of tickets (**each buyer must receive the same number of tickets for the same price paid**).
6. **Class A** Raffle tickets must include the following:
 - a. Consecutive numbering on both ticket portions
 - b. The name and address of the organization sponsoring the raffle, as follows:
The Bellin Health Foundation + other department
PO Box 23400, Green Bay, WI 54305-3400
 - c. The raffle license number (which changes every year and is provided by the Foundation)
 - d. Listing of prize(s) if over \$500 in value

- e. Date, time and place of drawing
- f. Price of a single ticket and discounted multiple tickets price
- g. Space for purchaser's name, address and phone number on the stub
- h. For raffles with prices valued at \$5,000 or more, a statement on the ticket that all taxes are the responsibility of the winner.

Class A Ticket Sample:

001	Name _____ Address _____ City _____ State/Zip _____ Phone _____	Bellin Health Foundation 001 PO Box 23400 \$500.00 Grand Prize Green Bay WI 54305-3400 Raffle Drawing: (Date & Time) Location of Drawing Address of Drawing Premises Proceeds to benefit _____ License No. R9999A-00200 Ticket Cost: \$1.00 each or 3 for \$5
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Class B Ticket Sample:



7. Raffle tickets may be sold up to 270 days before the raffle drawing. All prizes must be awarded. In the event the raffle drawing is canceled, all receipts must be returned to the ticket purchasers.
8. **The Bellin Health Foundation must be made aware of the date and time of drawing. The first or grand prize has to be drawn first, but may be disclosed after 2nd and 3rd prizes. A representative of the Foundation, or a designee, must be present if the raffle drawing is held off site and not at one of the Bellin Health facilities.**
9. Any department selling raffle tickets must cooperate with the Foundation to complete the annual raffle report to the State of Wisconsin. Information required to be reported includes all expenses and gross receipts generated by the raffle, the names and addresses of all persons winning prizes with a value of \$100 or more, and the prize won.
10. The Bellin Health Foundation will furnish a list of prize winners to each ticket holder who requests the list and provides the Foundation with a self-addressed, stamped envelope.



Raffle Request Application

****Please submit to the Bellin Health Foundation 6 weeks prior to your desired raffle start date for approval. ****

I/We would like to conduct a: Class A Raffle Class B Raffle

From date(s): _____ to _____.

The Raffle proceeds will benefit: _____

Department(s) sponsoring the raffle: _____

Primary Contact person: _____

Primary Contact phone and email: _____

Cost of each Raffle Ticket: (cannot exceed \$10.00 each) \$_____

Are any prizes valued at over \$500.00? (If yes, please provide list) YES NO

I have read and understand the Raffle Guidelines furnished to me. I understand that I will comply with all State guidelines and regulations in conducting the raffle and that the prize item(s) reflect the mission, vision, and values of Bellin Health. I agree to contact the Foundation with any questions and submit required application and follow up. I further acknowledge that I understand that it is a violation of Federal Law to send tickets, stubs or monies for same via the U.S. Postal Service.

Primary Contact Person (print name)

Primary Contact Person (signature)

Date

.....
For Office Use Only:

Request Received Date _____ Approved _____ Denied _____

Steven J. Maricque, President
Bellin Health Foundation

Date



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