



6 WALNUT STREET • P.O. BOX 1 • EVANSVILLE, IN 47701-0001
TELEPHONE: (812) 423-4285 • FAX (812) 421-4477
www.hadishrine.org

Hadi UCO Requirements for Conducting a Raffle

1. Must get **Fund Raising Activity Approval Form** signed by the Potentate before proceeding with a Raffle. Form provided in Hadi Office or Hadi Website.
2. Must turn in gaming rules for your Raffle to the office. Rules must get approval before proceeding with the raffle. See below for example rules. Make necessary changes to meet your raffle.
3. Must get Raffle Ticket approved before selling tickets. Below is an example ticket. Highlighted items must be on the ticket. The "To Claim Prize Contact" can be the UCO contact info or Hadi Office. Tickets should be sequentially numbered for security and recording sales. The Ref # changes every year, call office for current number.



4. **All Monies** received must be turned into the Hadi office. A check of equal amount will then be issued back to the UCO.
5. All sold and unsold tickets must be turned into the Hadi office.
6. A list of all UCO members that sold tickets must be turned into the office.

****The above procedures must be followed in order for the office to complete a required Event Summary Report and to be in compliance with Indiana Gaming laws.** Please call the Hadi Recorder or Office with any questions.**

EXAMPLE

RULES

Hadi Shriners Rules for Directors Raffle

Hadi Shriners Directors Raffle is a fundraiser for the Hadi Directors Staff; this fundraiser benefits the Hadi Directors Staff only. Nobles will be selling Directors Raffle tickets on their own throughout the surrounding area. Players need not be present to win as there is no drawing event. Drawing will be held on 5 March 2025 at the Directors Staff monthly meeting, following which the winner will be notified.

- 1) Players must be at least 21 years of age. **(18 YEARS IF PRIZE HAS NO LEGAL AGE REQUIREMENT)**
- 2) Players need not be present to win.
- 3) All Federal, state, and local laws will be adhered to.
- 4) This event is open to the public.
- 5) The player must give the office or the noble the completed ticket. Completed tickets will consist of first and last name, no initials, and a phone number. Email address is optional.
- 6) A ticket that is blank, missing a name, missing or inaccurate phone number, or has illegible writing on it will be disqualified and another ticket drawn.
- 7) Tickets that are crinkled, bent, torn, have adhesive labels, or with odd markings will be disqualified and another ticket drawn.
- 8) Cash must be presented with the ticket.
- 9) Proceeds are for the benefit of Hadi Shriners Directors Staff and are not tax deductible as a charitable contribution.
- 10) Hadi Shriners will withhold all taxes from winnings where applicable or give a 1099 form. The winner will be required to provide proper identification and information for taxes. All tickets and monies will be accounted for by Hadi Shrine in accordance with all Department of Revenue-Charitable Gaming requirements.
- 11) The winner reserves the option to take cash instead of claiming said pallet of beer. The cash value shall be 80% of original prize value.
- 12) Items must be picked up within 30 days of the drawing date. The winner will present the claim ticket and valid state or federal photo ID to the Hadi Temple. Hadi Temple will direct the winner on how to claim the prize.
- 13) Winners will be notified the day of the drawing.

HADI SHRINERS



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FUND RAISING ACTIVITY APPROVAL FORM

TO: POTENTATE _____, _____ TEMPLE A.A.O.N.M.S.

RE: Seeking Approval To Conduct A Shrine Fund Raiser. We respectfully request permission to hold the following fun raising activity.

FRATERNAL PURPOSE

The statement of purpose and disclosure published on its solicitation material, tickets, programs, and documents regarding the use of the proceeds shall read: Proceeds are for the benefit of (_____) Temple) (_____) Shrine Club) activities. Payments are not deductible as charitable contributions.

CHARITABLE PURPOSE

The statement of purpose published on its solicitation material, tickets, programs, and documents regarding the use of the proceeds shall read: Proceeds are for the benefit of Shriners Hospitals for crippled children.

SPONSOR OF THE ACTIVITY: _____
(TEMPLE, UNIT, OR SHRINE CLUB)

TYPE OF ACTIVITY: _____

DATES OF ACTIVITY: _____

LOCATION: _____

REQUESTED BY PRESIDENT OR CHAIRMAN: _____

MAILING ADDRESS: _____

PHONE: (BUSINESS) _____ PHONE: (HOME or CELL) _____

The Completion of the Questions Follows the Shrine Fundraising Policy and Procedures as Defined in The General Order No. 1 Under the Fund-Raising Activities Section.

* ***** CHECK LIST FOR TEMPLE USE ONLY ***** *

REQUEST NUMBER: _____ REQUEST RECEIVED: _____

Approved by Committee _____ Date _____

Potentate's Approval _____ Date _____

Financial Results Received: _____ File Closed: _____

For Charitable fund-raiser, assigned Charity Activity Event No. _____
Charitable net proceeds transmitted to Imperial Headquarters: _____