

Enter Now

Exp. Date:

Clip and send entry form to address listed below (PLEASE PRINT). Credit card name must be same as your entry name.

First Name:	Last Name:			
Address:	City:	State:	Zip:	
Telephone:	E-mail:			
If paying by check or money order, make payable to WGTE				
No. of Tickets: (@\$50	.00 per ticket) Amount Enclose	ed: \$		
Credit Card #				

CVV Code:

Cash Raffle No. 79

Mail Your Entry To:

WGTE Public Media 1270 South Detroit Ave. P.O. Box 140814 Toledo, OH 43614

