

## **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:C	ity:	State:	Zip:
Telephone:	E-mail:		
If paying by check or money order, make payable to WGTE			
No. of Tickets: (@\$50.00 per ticket) Amount Enclosed: \$			
Credit Card #			

CVV Code:

## Cash Raffle No. 82

## **Mail Your Entry To:**

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

