

31 Chances to WIN

RAFFLE!

ENTRY FORM

Full Name _____
Address _____
City _____ State _____ Zip _____
Phone _____
Email _____

METHOD OF PAYMENT

- ☐ My check payable to Lewes Public Library
is enclosed in the amount of \$ _____
- ☐ I cannot participate, but please accept
my donation of \$ _____
- ☐ Please charge my credit card in the amount of \$ _____
- ☐ 1 TICKET FOR \$10
☐ 3 TICKETS FOR \$25
☐ 7 TICKETS FOR \$50
☐ 20 TICKETS FOR \$100

CREDIT CARD INFO

- ☐ Visa ☐ MasterCard ☐ American Express

Credit Card Number _____

CVV _____ Expiration Date _____

Name on Card _____

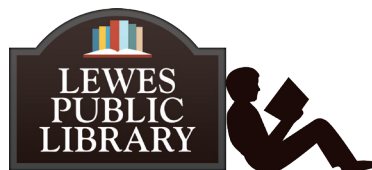
Signature _____

Billing Address _____

If different from above

City _____ State _____ Zip _____

A fun
way to
support
the
Lewes
Public
Library!



Please return completed form by mail or email.

MAIL: Lewes Public Library • 111 Adams Avenue • Lewes, DE 19958

EMAIL: lewes.library@gmail.com