

RAFFLE!



**ANNUAL
BIKE RIDE
JUNE
1-30**

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.
Entry form must be received by 5:00 PM on June 30.

MAIL: Lewes Public Library • 111 Adams Avenue • Lewes, DE 19958
EMAIL: lewes.library@gmail.com

