

# ENTRY FORM

## KV YMCA Strong Kids Annual Campaign



## Friends of Lithgow Library Annual Campaign Raffle



**Grand Prize – 1 Winning Ticket  
\$10,000 cash**

**Plus (3) Door Prize Drawings!**

**(Must be present at the Drawing Event to win the Door Prize Drawings only)**

**Balance of proceeds to be split 50/50 by the Y and Lithgow**

**Only 300 tickets sold!**

**Cost to enter - \$100 per ticket**

(Each ticket may be purchased by an individual or by a team of up to ten individuals; winning ticket is split among the team members according to each individual contribution.)

**BUY ONLINE at [www.kvymca.org/raffle](http://www.kvymca.org/raffle)**

**\* Winners are responsible for meeting applicable tax laws.\***

**See Back for Entry Form.**

**Identify all team members and contribution amounts totaling \$100.**

**Make check payable to KVYMCA; Indicate RAFFLE in Memo Line.**

**Mail Check & Completed Form to:**

**KVYMCA, Attn. Andrea Lowell**

**31 Union Street, Augusta, Maine 04330**



**Drawing will be held at Oct. 22nd at 5:30pm  
At Lithgow Library**

**\*Ticket drawing event will be limited to one representative,  
Plus guest, for each ticket sold.**



**SALES END ONCE 300 TICKETS ARE SOLD**

# Entry Form for KVV/Friends of Lithgow Raffle

Each ticket may be purchased by an individual or by a team of up to ten individuals;  
winning ticket is split among the team members according to each individual contribution.

1. Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Amount: \_\_\_\_\_

2. Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Amount: \_\_\_\_\_

3. Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Amount: \_\_\_\_\_

4. Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Amount: \_\_\_\_\_

5. Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Amount: \_\_\_\_\_

6. Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Amount: \_\_\_\_\_

7. Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Amount: \_\_\_\_\_

8. Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Amount: \_\_\_\_\_

9. Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Amount: \_\_\_\_\_

10. Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Amount: \_\_\_\_\_

**Please Verify Total Amount Enclosed Equals \$100**

Ticket will be mailed to person listed on line # 1

Ticket # \_\_\_\_\_ of 300