

Lions of Michigan SERVICE FOUNDATION, INC.

2021 Hearing Care Calendar Raffle

\$20.00



DR. ROBERT MATHOG
Lions Hearing Centers

\$1,500 Grand Prize - \$6,150 Total Cash Prizes

LIONS OF MICHIGAN SERVICE
FOUNDATION, INC.

RAFFLE LICENSE NUMBER: C29500

Name: _____

Telephone: _____

Email: _____

Address: _____

City: _____ State: _____ Zip: _____

TICKET NUMBER: 000

Michigan Daily 3 Midday Drawing Number: 12:50 PM

If a winner is not determined by the Daily 3 Midday Drawing, a separate drawing of the sold tickets will occur at the Lions of Michigan State Office in Lansing, Michigan between 1:00 PM to 1:30 PM

\$100.00 DRAWINGS: 1/6/21 - 1/20/21 - 2/3/21 - 2/17/21 - 3/3/21 - 3/17/21 - 3/31/21 - 4/14/21 - 4/28/21 - 5/12/21 - 5/26/21 - 6/9/21 - 6/23/21 - 7/7/21 - 7/21/21 - 8/4/21 - 8/18/21 - 9/1/21 - 9/15/21 - 9/29/21 - 10/13/21 - 10/27/21 - 11/10/21 - 11/24/21 - 12/8/21 - 12/22/21

Michigan Daily 3 Midday Drawing Number: 12:50 PM

If a winner is not determined by the Daily 3 Midday Drawing, a separate drawing of the sold tickets will occur at the Lions of Michigan State Office in Lansing, Michigan between 1:00 PM to 1:30 PM

\$50.00 DRAWINGS: 1/13/21 - 1/27/21 - 2/10/21 - 2/24/21 - 3/10/21 - 3/24/21 - 4/7/21 - 4/21/21 - 5/5/21 - 5/19/21 - 6/2/21 - 6/16/21 - 6/30/21 - 7/14/21 - 7/28/21 - 8/11/21 - 8/25/21 - 9/8/21 - 9/22/21 - 10/6/21 - 10/20/21 - 11/3/21 - 11/17/21 - 12/1/21 - 12/15/21 - 12/29/21

GRAND PRIZE DRAWING - May 1, 2021 - 10:00 AM to 2:00 PM
Lions of Michigan State Office - Lansing, Michigan

1st Prize: \$1,500.00 - 2nd Prize: \$500.00 - 3rd Prize: \$250.00

LIONS OF MICHIGAN FOUNDATION - 2021 CALENDAR RAFFLE ORDER FORM

Please send _____ calendars. These calendars are for _____ Lions Club/District, and we will be selling them on behalf of the foundation to raise funds for our Lions Club/District. We understand that if we sell 10 or more calendars, we will earn \$5 for each calendar that we sell.

Please send _____ calendars. These calendars are for personal use. I have enclosed \$20 per calendar for a total payment of \$_____.

Name: _____ Business Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Email: _____

5730 EXECUTIVE DRIVE - LANSING, MICHIGAN 48911 - 517-887-6640 - www.lhcmi.org - info@lhcmi.org