

WIN A BRAND NEW LUXURY CAR!



Your choice of a 2012 Audi A4, Audi Q5, Mercedes-Benz GLK350, Mercedes-Benz C250, (2) Fiats, (2) Smart Cars, or a Sprinter Commercial Van

ONLY 1,000 TICKETS WILL BE SOLD!

\$100 PER OPPORTUNITY TICKET

Drawing to be held Friday, August 24, 2012 at 2:00 p.m.
at Walter's Automotive Group, Riverside

For tickets visit www.lomalindacar.org or call Loma Linda University Children's Hospital Foundation 909-558-3528

CARS PROVIDED BY

walter's
AUTOMOTIVE GROUP



BENEFITING



LOMA LINDA UNIVERSITY
CHILDREN'S HOSPITAL

RULES AND REGULATIONS: Grand Prize winner is subject to and must pay all fees and charges (including, but not limited to, tags and license), local, state and federal taxes prior to receiving the prize. By participating in this opportunity prize drawing, each participant releases LLUCHF and LLUCH and each of their respective directors, officers, employees and agents from any and all liability resulting from use of any prize or participation in the drawing. Entrants must be at least 18 years of age at the time of purchase. Opportunity prize drawing tickets may not be purchased in the name of a business, trust, corporation, or other entity, or wherever prohibited by applicable law. Opportunity prize drawing tickets may not be purchased in the name of employees of LLUCHF or persons residing in the same household as employees of LLUCHF. Prize winners may be required to sign an affidavit of eligibility. Additional first, second and third prizes to be awarded. Participants have a one in 250 chance of winning a prize. Complete rules and regulations are available at www.lomalindacar.org. LLU MCMKTG#CHF-169-11/0311/1500

PAYMENT INFORMATION: To purchase your ticket(s), please visit www.lomalindacar.org or return this form to LLUCH Foundation, PO Box 2000, Loma Linda, CA 92354, Attn: Loma Linda Car Drawing. We will mail you your ticket(s).

THIS FORM MUST BE RECEIVED BY AUGUST 8, 2012 TO BE ENTERED IN THE DRAWING

Please send me _____ ticket(s) @ \$100 each for a payment of \$ _____

I cannot purchase a ticket, but I will make a donation to the Loma Linda University Children's Hospital Foundation of \$ _____

Name _____

Address _____

City _____ State _____ Zip Code _____

E-mail Address _____ Day Phone _____ Alt. Phone Number _____

I have enclosed a check for \$ _____ Payable to: **LLUCH Foundation**

Please charge \$ _____ to my: _____ Visa _____ Mastercard _____ American Express _____ Discover

Credit Card # _____ Exp. Date _____

Signature _____