

48
Chances
to Win!

12
Monthly
Drawings!

WIN

\$10,000

Every Month \$10,000 Grand Prize

MATER DEE & REITZ MEMORIAL HIGH SCHOOLS

2019

TRADITION LOTTERY

**M
MEMORIAL**

2018 license #145962. 2019 license # on file in ECHS office.

GRAND PRIZE \$10,000

Previous Year's Grand Prize
Winners (\$10,000)

Jan: Joe & Lisa Curts
Feb: Donna Leader
Mar: Mike & Claudia Fritz
Apr: Tom Frey
May: Mary Hester
June: Barbara Kuebler &
Shelia Whitaker

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2nd PRIZE \$1,500

Previous Year's Grand Prize
Winners (\$10,000)

July: Bart & Brenda Morgan
Aug: Sharon Hoffman
Sept 2017: Anonymous
Oct 2017: Mark Sauer
Nov 2017: John & Ruth Bandas
Dec 2017: The Kroener Children

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3rd PRIZE \$1,000

4

4th PRIZE \$ 500

\$100 each 812-474-2943

For more information, visit: www.traditionlottery.org

You have FABULOUS ODDS to win! Winning numbers go back into the pot after each drawing, giving everyone 48 chances to win in 2019!
Based on the maximum of 3500 tickets being sold, the odds of being selected a winner are better than 1 out of 80.



2019 TRADITION LOTTERY



WIN \$10,000

Every Month \$10,000 Grand Prize

BUYER INFORMATION

Ticket Buyer Name: _____

I wish to buy _____ number of Lottery tickets for \$100 each New Address (from last year)

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: Home: _____ Work: _____ Cell: _____

Email: _____

GIFT TICKET INFORMATION (Note: All gift tickets will be sent to BUYER unless otherwise directed.)

_____ number of tickets are for gifts (If purchasing more than one ticket, please attach a page with the name, address, email and phone number(s) of the recipients.)

Gift Ticket Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: Home: _____ Work: _____ Cell: _____

Email: _____

GIFT TICKET INFORMATION (Note: All gift tickets will be sent to BUYER unless otherwise directed.)

_____ number of tickets are for gifts (If purchasing more than one ticket, please attach a page with the name, address, email and phone number(s) of the recipients.)

Gift Ticket Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: Home: _____ Work: _____ Cell: _____

Email: _____

GIFT TICKET INFORMATION (Note: All gift tickets will be sent to BUYER unless otherwise directed.)

_____ number of tickets are for gifts (If purchasing more than one ticket, please attach a page with the name, address, email and phone number(s) of the recipients.)

Gift Ticket Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: Home: _____ Work: _____ Cell: _____

Email: _____

PAYMENT OPTIONS TOTAL AMT OF PURCHASE: \$ _____

CASH (_____)

CHECK # _____ DATE _____
(payable to ECHS)

DEBIT CARD (___ VISA / ___ MCARD)

CARD NUMBER: _____ EXP DATE: _____

Complete this form and return with payment to:

**ECHS • Holy Cross Hall •
520 S. Bennighof Ave. •
Evansville, IN 47714**

**Questions?
Call us at (812) 474-2943**

Lottery Ticket Seller: _____

OFFICE USE ONLY:
Ticket #: _____ Ticket Received: _____