



The 34th Annual Mercer Legacy Sweepstakes will be "Out of this World!"

Win a 2019 BMW X1 sDrive28i or \$20,000!

...and support School Field Trip Programs at the Mercer Museum & Fonthill Castle.



**Purchase a Sweepstakes Entry and Enjoy Celestial Fun at the
Mercer Legacy Drawing Party
Sunday, May 5, 2019, 4 to 6 p.m.
Fonthill Castle, Doylestown**

Each entry purchase includes ONE Admission Ticket to the Legacy Drawing Party to enjoy catered refreshments and entertainment, including a Live Auction!

One additional Drawing Party admission ticket can be purchased for \$25.

- Mail form and payment to: *Mercer Legacy Sweepstakes, Mercer Museum, 84 S. Pine St, Doylestown, PA 18901*
- Payment Methods: *Cash, Check (payable to Mercer Museum), Visa, MasterCard, Discover or American Express*
- For information: call 215-345-0210, ext. 132, or email to eshapiro@mercermuseum.org

The Mercer Legacy Sweepstakes is subject to contest rules as set forth on each entry certificate. Winners are responsible for all applicable sales and income tax. You must be 18 years or older to purchase an entry. All purchases are non-refundable, unless, in the event that a minimum of 400 entries are not received by April 26, 2019, BCBS reserves the right to withdraw the offering and refund all monies submitted. You do not have to be present to win.

The BCBS is a non-profit, 501(c)(3) organization. A copy of the BCBS official registration and financial information may be obtained from the Pennsylvania Department of State by calling toll free within Pennsylvania 1-800-732-0999. Registration does not imply endorsement.



Please enter me in the Mercer Legacy Sweepstakes to win a 2019 BMW or \$20,000!

Register me for _____ entry(ies) at \$100/each (Each entry includes 1 ticket to the Legacy Drawing Party).

Please add _____ additional Legacy Drawing Party ticket(s) at \$25 (limit of 1 additional ticket per entry).

Enclosed is total payment of \$_____ (Checks should be made payable to Mercer Museum)

Name: _____
(one name per entry)

Phone: _____ Email: _____

Address: _____ City: _____ State: _____ Zip: _____

Please charge my entry(ies) to Visa MasterCard Discover AmEx

Credit Card #: _____ Expiration: _____/_____/_____

Signature: _____ Security Code: _____