

# Child Wellness Raffle Entry Form

~ January 2024 – December 2024 ~



Please Print Legibly

Name of (Subscriber) Parent	
Street Address	
City & Zip	
Phone Number	
Email Address	
Highmark/BCBS Group Number	
Parent's Highmark/BCBS or IHA I.D. Number	
Child's Name	
Child's Date of Birth	
Child's Highmark/BCBS or IHA I.D. Number	

<u>Beginning Date of Class</u> <small>Check <input checked="" type="checkbox"/> the Group you are entering</small>	<u>Class Period</u>	<u>Entry Form Due Date</u>
Group 1 ( <input type="checkbox"/> )	Jan 2024 – March 2024	December 15, 2023
Group 2 ( <input type="checkbox"/> )	April 2024 – June 2024	March 15, 2024
Group 3 ( <input type="checkbox"/> )	July 2024 – September 2024	June 15, 2024
Group 4 ( <input type="checkbox"/> )	October 2024 – December 2024	September 15, 2024

Submit this form by U.S. mail to LMHF, Attn: Children's Wellness, 90 Anderson Road, Cheektowaga 14225, fax to (716) 601-7984, email to [Diona.Ellington@LMHF.net](mailto:Diona.Ellington@LMHF.net) or drop in locked mailbox in front of our building. This form and additional details are located on the LMHF website [www.LMHF.net](http://www.LMHF.net) under Wellness/Children's Wellness