

4 The Fallen SWEEPSTAKES ENTRY FORM

First Name:

Last Name:

Street Address:

City/Town:

US State:

Zip/Postal:

Email Address:

Phone Number:

How you heard about this sweepstakes:

Why you chose to enter via mail rather than make a donation:

By providing your phone number and email address, you consent to being called, emailed, and/or receiving text messages.

Check this box if the number above is a mobile number

By checking this box I certify that I have met all eligibility requirements to enter, including being the age of majority in my state/province of residence, and I have read and agree to the Official Rules.

I acknowledge that I will receive occasional updates, special offers, and other information from the Sponsor and/or the partners of the Sponsor.

Print, complete, and mail to:

4 The Fallen
PO Box 2902
Olympia, WA 98507