



## St. Joseph Healthcare Great Garden Give-Away

For your entry to be eligible this form must be completed in its entirety and dropped off at the St. Joseph Healthcare booth at Bangor's Garden Show, April 23-25.

Mr. / Mrs. / Ms.

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

E-mail Address (if applicable) \_\_\_\_\_

Phone number \_\_\_\_\_

The Great Garden Give-Away winner will be notified  
on Monday, April 26.

www