



Monthly Drawing

**Name _____

Address _____

Zip _____

Email: _____

*9 Digit Account # _____

Please Return Entry Form by no later than the 27th of the Month to:

FiberHawk

P.O. Box 97

214 S. Washington Street

Swayzee, Indiana 46986

OR

Email: tdmiles02@fiberhawk.com; jward@fiberhawk.com

**Only one entry per account/household.*

@Only one winner per account/household per quarter.

***You must be a customer in good standing.*