

THE FREE WELLNESS FOR LIFE

Sweepstakes Entry Form

First Name _____ Last Name _____

Street Address _____

City _____ State _____ Zip Code _____

Email Address _____

Authorization Number* _____ GRP Number* _____

**You can find this information on your Rx savings card.*

Please mail to: Free Wellness for Life
Sweepstakes Entry
P.O. Box 1429
Palatine, IL 60078

Cut out the card below and take to your pharmacy for savings of up to 75%



ScriptRelief™

Rx Savings Card

Authorization Number

BBB100001

Save up to 75% on every
prescription medication
at pharmacies everywhere.

For pharmacy use only

BIN **005947**
GRP **4712DRT**
PCN **CLAIMCR**

**No pre-approval needed. This card is not insurance.
You will not be turned down for a pre-existing condition.**