Photo Contest

Please mail completed form to:
Pro-Cure Website Contest
P.O. Box 7077
Salem, OR 97303-0011

Contest Information

Contact Information

*Name: _____

*Address: _____
Street Address *Apartment/Unit #*

_____
City *State* *ZIP Code*

Home Phone: **( )** _____ Alternate Phone: **( )** _____

E-mail Address: _____
* Required

Photo Information

Photo Contest: For the photo contest please provide at least the location of where the photo was taken; a brief storey or description is always welcome, use the space below. Mail the form and photo to the address provided above.