

Consent for Gift Card Prize Drawing

I, _____,
understand that I won a \$_____ gift card from _____
(business on gift card) by attending and participating in a PCS wellness sponsored event.
After I sign and receive the gift card, the card becomes my responsibility and will not be
replaced. I understand my winnings will be reported to Payroll so appropriate Federal
and FICA payroll taxes can be withheld.

Winners Signature: _____

Last 4 digits of Social Security Number: _____

Date: _____

Witness: _____