



CLARION HOSPITAL
FOUNDATION



HANDBAGS *for* HEALTH

AMERICAN LEGION

530 Main Street • Clarion, PA 16214

Saturday, February 22, 2025 • 1 to 4 p.m.

Doors open at 11 a.m.



Clarion Hospital EMS averages 7,300 requests for ambulance and other transport services each year and has a coverage area of approximately 750 square miles. The Clarion Hospital Foundation Ambulance Fund will support the critical need for a new ambulance for our hospital and community.

\$35 per ticket

Tickets go on sale
Tuesday, January 7.

Includes 10 bingo games.

Dobbers available for \$1.

Bingo winners receive a designer handbag!

Light hors d'oeuvres. Cash bar available.

Tickets for side raffles will be available for purchase at the event. Cash/Check sales only.

Tickets are available at the following Clarion locations:

Clarion County YMCA: 499 Mayfield Rd.

Clarion Area Chamber of Business & Industry: 650 Main St.

Clarion Hospital - Registration/Front Lobby: 1 Hospital Dr.

For more information, call 814-226-1258

SPONSORSHIP OPPORTUNITIES

Organization *(as you would like it to appear in print)* _____

Contact Person _____

Address _____

City _____

State _____ Zip Code _____

Phone _____ Fax _____

Email Address _____



HANDBAGS for HEALTH

**Saturday
February 22, 2025
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Proceeds support the
**Clarion Hospital
Foundation
Ambulance Fund**



SPONSOR LEVEL - CHECK ALL THAT APPLY

\$1,500 PREMIER SPONSOR – 1 AVAILABLE

Logo displayed in premier location on website, logo displayed on signage at event, social media recognition, 8 tickets to participate in event.

\$1,000 BINGO SPONSOR – 1 AVAILABLE

Name listing on web site, name displayed on signage at event, 6 tickets to participate in event.

\$500 HANDBAG SPONSOR – SEVERAL AVAILABLE

Name listing on web site, name displayed on signage at event, 4 tickets to participate in event.

\$250 PRIZE RAFFLE SPONSOR – SEVERAL AVAILABLE

Name listing on web site, name displayed on signage at event, 2 tickets to participate in event.

I WILL DONATE A GIFT CARD, BASKET, OR GIFT VALUED AT \$100

PAYMENT - CHECK APPROPRIATE FORM

Check enclosed (made payable to Clarion Hospital Foundation)

Credit card Visa Mastercard American Express Discover

Account Number _____

Expiration _____

Security Code _____

Name as it appears on card _____

Signature _____

**SPONSORSHIP
DEADLINE:**

FEBRUARY 1, 2025.

In order to receive full benefit of name listing on web site and marketing materials, please submit your form ASAP.

**FOR MORE
INFORMATION:**

Call 814-226-1258