



CLARION HOSPITAL
FOUNDATION



HANDBAGS *for* HEALTH

AMERICAN LEGION

530 Main Street • Clarion, PA 16214

Saturday, February 7, 2026 • 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
December 17.

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.



To purchase tickets,
scan QR code or visit
bhsfdn.ejoinme.org/HFH26

For more information, call 814-224-8923



Independence
HEALTH SYSTEM

CLARION HOSPITAL FOUNDATION

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 7, 2026
1 to 4 p.m.



Proceeds support the
Clarion Hospital
Foundation
Ambulance Fund



SPONSOR LEVEL - CHECK ALL THAT APPLY

- ☐ **\$2,000 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.
- ☐ **\$1,500 HORS D'OEUVRES SPONSOR – Several Available**
Name displayed on signage at event, social media recognition, logo displayed on website, 6 tickets to participate in the event.
- ☐ **\$1,000 BINGO SPONSOR – Several 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 814-224-8923

MAIL COMPLETED FORM TO: Clarion Hospital Foundation, 1 Hospital Drive, Clarion, PA 16214