



MERCEDES MOMENT

TO BENEFIT ALL PROGRAMS & SERVICES OF HOME NURSING AGENCY

Yes! Please reserve my ticket(s) to win a new 2015 Mercedes!
Contact information – Please print clearly.

STEP ONE

Name _____

Street _____

City _____ State _____ Zip _____

Daytime Phone _____ Evening Phone _____

Email Address _____

STEP TWO

Number of Tickets	x \$100 Per Ticket	Total Cost
_____		\$ _____

If you would like a specific 3-digit number, please list your top three choices:
 Note: If each of your top three choices has been sold, you will be given a random number. Sorry, no numbers can be guaranteed.

STEP THREE

I have enclosed a (please circle one): check / cash / money order
 (Please make checks payable to Home Nursing Agency Foundation)

Please charge my (please circle one): Visa Master Card

Name on Card _____

Card Number _____ Expiration Date _____

Cardholder's Signature _____

Please return this form to:
Home Nursing Agency Foundation
201 Chestnut Avenue, PO Box 352, Altoona, PA 16603-0352

**Your ticket(s) will be mailed to you. Questions? Contact Home Nursing Agency Foundation at:
1-855-GIVE-HNA (1-855-448-3462) or foundation@homenursingagency.com**

Price of ticket is not tax deductible. • Winner may choose \$30,000 cash prize in lieu of car. • Winning number will be determined by the first drawing if a "Surprise Second" drawing occurs. • Players must be 18 years or older.

The official registration and financial information of Home Nursing Agency may be obtained from the Pennsylvania Department of State by calling toll-free, within Pennsylvania 1-800-732-0999. Registration does not imply endorsement. To be removed from our mailing list, please contact Home Nursing Agency at 1-800-992-2554.