# MISSION DRIVEN MOMENT

### YOUR CHANCE TO WIN A NEW MERCEDES!

Benefits Hospice & Grief Services for Children, Adults & Families

# Win a 2014 Mercedes CLA250 Coupe

or a \$30,000 Cash Prize!\*

(\*Taxes are not included.)

## **ONLY \$100 A TICKET!**

Based on the first 3-digit PA Lottery on Thursday, November 13, 2014 @ 7 p.m.



#### MORE ABOUT MISSION DRIVEN MOMENT

- Only 1,000 tickets sold
- Players must be 18 years or older
- Limited to two names per ticket
- If winner chooses car, winner must pay sales tax and title and transfer fees
- Price of ticket is not tax deductible
- Tickets will be mailed to you prior to the event
- Ticket numbers will be distributed on a first-come, first-serve basis

The CLA250 – the first ever front wheel drive model – is powered by a turbocharged 2.0-liter four-cylinder. Its swoopy "four-door coupe" styling and cool interior make it one of the most stylish cars on the road.

#### THREE WAYS TO PURCHASE YOUR WINNING TICKET

- Complete the ticket order form on the REVERSE SIDE (or available online at www.homenursingagency.com) and mail with payment to:
   Home Nursing Agency Foundation
   201 Chestnut Avenue
   Altoona, PA 16601
- Call the ticket hotline at **1.855.GIVE.HNA** (1.855.448.3462)
- Visit Mercedes-Benz of State College at 3220 W. College Avenue





Home Nursing Agency Foundation & Mercedes-Benz of State College present the

# MISSION DRIVEN MOMENT

## YOUR CHANCE TO WIN A NEW MERCEDES!

Benefits Hospice & Grief Services for Children, Adults & Families

Yes! Please reserve my ticket(s) to win a new 2014 Mercedes! Contact information – Please print clearly.

STEP ONE	Name	
	Street	
	City	tate Zip
	Daytime Phone Ev	ening Phone
	Email Address	
	Number of Tickets	Total Cost
STEP TWO	x \$100 Per Ticket \$	
	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.	
	☐ I have enclosed a (please circle one): check / cash / money order (Please make checks payable to Home Nursing Agency Foundation)	
THREE	☐ Please charge my (please circle one):	Visa Master Card
EP TI	Name on Card	
STI	Card Number	Expiration Date
	Cardholder's Signature	

### Please return this form to: Home Nursing Agency Foundation, 201 Chestnut Avenue, Altoona, PA 16601

Your ticket(s) will be mailed to you. **Questions?** Call the ticket hotline at **1.855.GIVE.HNA** (1.855.448.3462) or email: foundation@homenursingagency.com