

*The Punxsutawney Area Hospital
cordially invites you to attend the*

***Punxsutawney Area Hospital
Foundation***



***Fall Gala Charity Event
Saturday, November 18th***

Doors Open at 5:30 p.m.

*Dinner Begins at 6 p.m. with Live Music to Follow
at the Punxsutawney Country Club*

Ticket Donation: \$60 per person

*This formal event will include a buffet dinner, live music by Rudy & the
Professionals, dancing, networking, and a cash bar. The funds generated from this
event will be directed toward the mission of the foundation.*



*Punxsutawney Area
Hospital Foundation
Fall Gala Charity Event*

Ticket Form

Name: _____

Mailing Address: _____

Number of Tickets: _____ *Tickets are \$60 each*

Total Due: _____

Please Invoice: _____ Ticket Donation Included: _____

*Checks can be made payable to the Punxsutawney Area Hospital
Foundation, 81 Hillcrest Drive, Punxsutawney PA 15767*