

On **Friday, October 11th** at **Drumlins Country Club**, ACR Health will host **Bet on Fabulous**, a glamorous night of gaming and entertainment, casino-style, but with a fabulous twist!

The evening will be **hosted by Just Jamie** with some of **Syracuse's finest established and up and coming drag entertainers** delighting attendees with pop-up performances throughout the night.

The event will include bar and appetizers, and guests will receive chips to play games of their choice, such as blackjack, roulette, craps, and more! Chips will be converted to tickets to be entered into raffles for chances to win fabulous prizes. The evening also features a silent auction offering goods and services as well as luxury travel packages!

This glamorous night will benefit ACR Health's HIV/AIDS services, harm reduction, insurance navigation, and youth programs.

For more information, please contact:
 Katherine Lowe, Director
 Development & Community Engagement
 315.898.2462
klowe@acrhealth.org

Bet on Fabulous



Host: Jamie Owens



Miss Sparkle Royale



Yuka Liptis



SPONSORSHIP BENEFITS

Level	Amount	Tickets	Chips/Money	Branded Table (reserved)	Co-Branded Eblast	Logo on Event Materials	Logo on Website	Social Media Posts	Billboard (by 8/15)
High Roller	\$10,000	10	\$10,000	Yes	Yes	Large	Large	2	Yes
King of Clubs	\$5,000	6	\$6,000		Yes	Large	Large	1	Yes
Queen of Hearts	\$2,500	4	\$2,000			Medium	Medium	Shared Post	Yes
Lucky Seven	\$1,500	2	\$1,000			Small	Small	Shared Post	



Yes, I want to Bet on Fabulous!

- \$10,000 High Roller
- \$5,000 King of Clubs
- \$2,500 Queen of Hearts
- \$1,500 Luck Seven

I am not able to partner with ACR Health at this time, but I would like to donate \$_____

Organization Information

Organization Name: _____

Contact, Title: _____

Street Address: _____

City: _____ **State:** _____ **Zip:** _____

Email: _____ **Phone:** _____

- Please invoice me.
- Enclosed is my check, *payable to ACR Health*
- Secure pay online at www.acrhealth.org/fabulous
- Please charge my: VISA / MC / DISC / AMEX

Card # _____ CVV# _____ Exp. _____

Authorized signature (required): _____ Date: _____

Please return completed form to: ACR Health, 627 W Genesee St, Syracuse, NY 13204
Attn: Development
OR e-mail to klowe@acrhealth.org

*For questions, contact Katherine Lowe, Director of Development and Community Engagement
at (315) 898-2462 or klowe@acrhealth.org.*