

Host a Wall of Hope Fundraiser

- 1. Complete the form attached and return to spfoundation@saintpetersuh.com
- 2. Market the event using social media, flyers, and other platforms*
- 3. Print out Wall of Hope Cards (included)
- 4. Sell Wall of Hope Cards, asking donors to write their name on their card
- 5. Display your Wall of Hope Cards and be sure to take pictures!
- 6. Host a check presentation event to celebrate your success!

Questions? Please contact spfoundation@saintpetersuh.com or 732.745.8542

*All artwork must abide by Saint Peter's Healthcare System's brand guidelines and be approved by Saint Peter's Foundation

Thank you!100% of your donation directly benefits Saint Peter's programs.



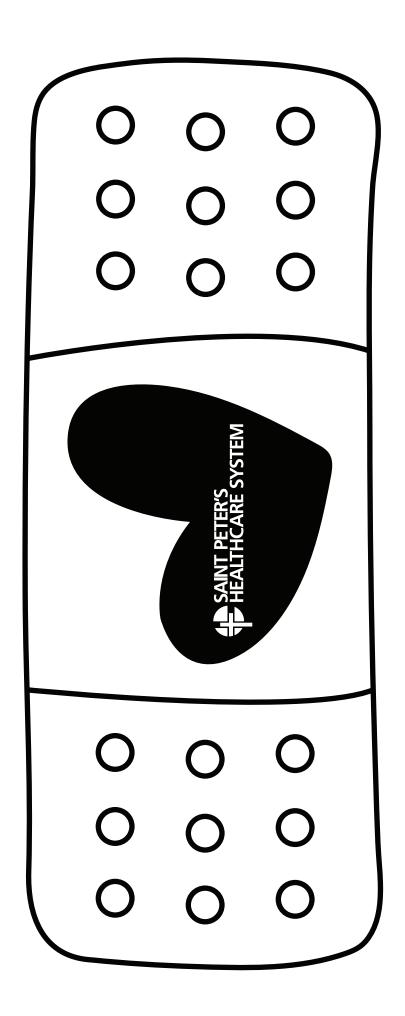
DATE:	

WALL OF HOPE FUNDRAISER

Name of Organiz	ation/Company:
Contact Name:	
Address:	
City:	State: Zip:
Phone:	Email:
Please direct my Pediatrics (C Neonatal Int Saint Peter's Other	nild Life Program) ensive Care Unit Breast Center
to attend the and time: Date:	member of Saint Peter's Healthcare System check presentation on the following date Time:
Estimated involve 10 - 99 peop 100 - 249 peo 250 - 499 peo	ment: e ple

Please make checks payable to Saint Peter's Foundation

Please send completed form to Saint Peter's Foundation spfoundation@saintpetersuh.com | 732.745.8542



SUPPORT SAINT PETER'S HEALTHCARE SYSTEM