



**PISGAH**  
HEALTH FOUNDATION

## STORY OR TESTIMONIAL SUBMISSION

**Everyone likes a good story!** It's nice to hear about a success that your organization may want to tell. We invite you to share a story, testimonial, maybe a photo (*with a photo release, of course*) so that we can celebrate with you! PHF will use your story to promote your program.

Let us know if you have changed the client's name to protect privacy. Include/attach pictures where privacy is not an issue. Keep a signed photo release on file and scan a copy to PHF, [grants@pisgahhealthfoundation.org](mailto:grants@pisgahhealthfoundation.org)

**ORGANIZATION:**

**STORY DATE:**

**Submitter's Name and Email:**

(type/write your story here)