



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, C.Wood@pisgahhealthfoundation.org

ORGANIZATION:

STORY DATE:

Submitter's Name and Email:

(type/write your story here)