

How Would You Like To Help

RETAIL | Organize Your Own Event

- Sell special products or services Donate a percentage of sales Host a shopping event*

**In the area below, please briefly describe your proposed shopping event, including date, time and location.)*

PROFESSIONAL SERVICES | Join The Cause

- Reach out to customers and clients to donate to HOPE IS IN THE BAG Make a donation to HOPE IS IN THE BAG

RESTAURANTS & EATERIES | Dine-In or Takeout

- Customize the menu Donate a portion of sales Offer coupons and discounts

Contact Information

Participating Business (PLEASE PRINT)

Contact Name

Contact Title

Address

City

State

Zip

Phone Number

E-mail Address

My / Our participation is: In Honor of _____

In Memory of _____

I am / We are unable to participate this year, but wish to make a contribution to **HOPE IS IN THE BAG**:

Contribution amount: \$25 \$50 \$100 \$250 \$500 \$1,000 Other \$ _____

Payment form: Credit Card CHECK (payable to Capital Health)

Name (as it appears on credit card - PLEASE PRINT)

Card Number

Expiration Date

Security Code

Billing Zipcode



capitahealth

PLEASE RETURN THIS FORM BY TUESDAY, SEPTEMBER 17

Scan and email to: jmcgann@capitalhealth.org · Fax to: 609.303.4344

Mail to: Capital Health Development Office · Two Capital Way, Suite 361 · Pennington, NJ 08534

For additional information, please contact **Joanne McGann** at **609.303.4346** or jmcgann@capitalhealth.org