



BENEFITING THE



WDH Foundation Third Party Event Information

Organization Name Organization Website

Organization Address City State Zip Code

Facebook: Instagram: Other:

Organization's Social Media Accounts

Contact's Name:

Contact's Phone Number Contact's Email Address

Connection to Wentworth-Douglass Hospital

Event Name

Event Date Event Time

Event Address City State Zip Code

Please describe your event above

Designation (ie: Seacoast Cancer Center) Anticipated Donation Amount

This is: A One-Time Event A recurring event – it takes place every:
