



## THE PETER PAN CHILDREN'S FUND PETER PAN HOSPITAL GIFT APPLICATION

The mission of The Peter Pan Children's Fund is to educate young people about philanthropy and celebrate their success.

Children and teenagers who raise money for a hospital that cares for children will be recognized for their generosity with the following:

- Peter Pan Children's Fund Certificate
- Official Order of Pan lapel pin
- An additional \$100 "Peter Pan Gift" to the hospital of choice
- Consideration for the Second Star to the Right Hall of Fame

We ask that you do the following:

- Register your event with the PPCF office (online, fax, or mail)
- Select a hospital that will benefit from your event
- Have checks made out to the hospital of choice
- Present your birthday donation in person at the hospital
- Complete and send the Peter Pan Gift Application along with confirmation from the hospital about your donation.

Peter Pan Children's Fund  
225 E. 73rd Street  
New York, NY 10021

[WWW.PETERPANCHILDRENSFUND.ORG](http://WWW.PETERPANCHILDRENSFUND.ORG)

PPCFINFO@AOL.COM  
646-761-4500 (Main)  
212-535-7286 (Fax)

**PHILANTHROPY** a big word - but an even bigger idea. What does it mean?

It means to donate money to a good cause. It is also about making generosity a part of your life from today on! The Peter Pan Children's Fund hopes that the experience of helping other children by **GIVING INSTEAD OF RECEIVING** will be the beginning of a lifelong commitment. What better way to celebrate the blessings of your life than to give to others?

James Barrie, the man who wrote Peter Pan, was a philanthropist. He gave a lot of money to support good causes. In 1929, he gave the rights to the story of Peter Pan to The Great Ormond Street Children's Hospital in London, England. Peter Pan has helped a lot of sick children.

The Peter Pan Children's Fund congratulates young philanthropists through the Peter Pan Hospital Gift program. If you have donated money to a hospital, you may request a Peter Pan Gift for your hospital.

Your Name: \_\_\_\_\_

When were you born? Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

What is your address? \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail \_\_\_\_\_

Your Parent's Name: \_\_\_\_\_

Did you have a birthday party?: \_\_\_\_\_ How many friends attended? \_\_\_\_\_

If this was a fundraiser, what kind of event? \_\_\_\_\_

About how many people participated? \_\_\_\_\_

How much money did you raise? \_\_\_\_\_

\_\_\_\_\_ I would like my event to benefit The Peter Pan Children's Fund Hospital Gift Program.

\_\_\_\_\_ I donated my money to:

Name and Address of Hospital \_\_\_\_\_

\_\_\_\_\_

Hospital contact name: \_\_\_\_\_

Check one:

I visited the hospital to make my donation on \_\_\_\_\_(date).

I mailed my donation to the hospital.

How did you hear about the Peter Pan Children's Fund?

Did you ever attend a Peter Pan Birthday Club party? If yes, explain:

In your own words, tell us about your party and why you decided to make it a fundraiser for a hospital.

(You may use a separate sheet if you would like. Poems and drawings are welcome.)

## Checklist

- \_\_\_\_\_ Register your party or event with the Peter Pan Children's Fund online or by contacting PPCF office at [PPCFinfo@aol.com](mailto:PPCFinfo@aol.com) or telephone 646-761-4500.
  
- \_\_\_\_\_ Select a children's hospital or a hospital that cares for children. (Let PPCF know if you need help selecting a hospital or if you want your money to benefit the Peter Pan Hospital Gift Program.)
  
- \_\_\_\_\_ Send out your invitations and tell your friends and family that you want to help sick children. Tell them to make a donation to your selected hospital. Checks should be made out with the hospital name.
  
- \_\_\_\_\_ Have your party or event and celebrate!\*\*
  
- \_\_\_\_\_ After the party or event, have your mom or dad call the hospital and make an appointment to visit and present your gift. Ask the hospital for a donation acknowledgment.
  
- \_\_\_\_\_ Complete the "Peter Pan Gift" application form and send it along with a copy of the hospital donation acknowledgment to:

The Peter Pan Children's Fund  
225 E. 73rd Street  
New York, NY 10021

Children and teenagers who submit a Peter Pan Gift Application will be eligible for consideration for induction into the Second Star to the Right Hall of Fame which honors extraordinary acts of generosity by young people who support hospitals that care for children. Further information is posted on our website: [www.peterpanchildrensfund.org](http://www.peterpanchildrensfund.org).

\*\*If your attendees would like to be added to the Peter Pan Children's Fund mailing list to learn more about us and receive our newsletter, please provide us with the following information and feel free to add more pages as needed. (The Peter Pan Children's Fund will use this information for internal purposes only and will not share it with any others):

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Email \_\_\_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
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