



**COVID-19 Emergency Fund  
Cash and Check Donation Form**

*(all credit card donations can be made on our secure site: [northwellcovid.com](http://northwellcovid.com))*

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Team Name \_\_\_\_\_

Home Address \_\_\_\_\_

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

Phone \_\_\_\_\_ Email Address \_\_\_\_\_

Company Name \_\_\_\_\_

Donor Name	Donor Mailing Address	Email Address	Donation	Matching Gift
1.				
2.				
3.				
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16.				
17.				
18.				

Total amount raised (not including matching gifts)



**Please mail this form Northwell Health Foundation Office, 2000 Marcus Avenue,  
New Hyde Park, NY 11042, Attn: COVID19 Emergency Fund. Make checks payable  
to: Northwell Health Foundation. Attach additional donation forms if necessary**