



My fundraising goal is \$ _____

Circle the designation for your contribution:

- Katz Institute for Women's Health
Cohen Children's Medical Center
- Mather Hospital
Northern Westchester Hospital
Peconic Bay Medical Center
- Phelps Hospital
Staten Island University Hospital

All credit card donations will appear immediately on your fundraising page. Once received, check/cash donations may take up to 14 days to appear on your fundraising page.

First Name _____ Last Name _____

Team Name _____

Home Address _____

City _____ State _____ ZIP _____

Phone _____ Email Address _____

Company Name _____

Name	Mailing Address	Email Address	Donation	Matching Gift
1.				
2.				
3.				
4.				
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17.				
18.				

Total amount raised (not including matching gifts)



Mail all offline donations, along with this completed sponsorship form to:
 Northwell Health Walk, Foundation Office, 2000 Marcus Avenue, New Hyde Park, NY 11042, Attn: 2021 Walk
Make checks payable to: Northwell Health Foundation. Attach additional sponsorship forms if necessary.