

My fundraising goal is \$ \_\_\_\_\_

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

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

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

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

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

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

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.

Name	Mailing Address	Email Address	Donation	Matching Gift
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				
16.				

Total amount raised (not including matching gifts)

Bring all offline donations, along with this completed sponsorship form, to the Walk or mail them to:  
 Phelps Hospital Foundation, One Phelps Lane, Tarrytown, NY 10591, Attn: 2024 Walk  
 Make checks payable to: Phelps Hospital. Attach additional sponsorship forms if necessary.