



East End

Sunday, May 18, 2025

My fundraising goal is \$ _____

Select a designation for your contribution:

- Peconic Bay Medical Center - Breast Health Programs
 Peconic Bay Medical Center - Both
 Peconic Bay Medical Center - Women and Infants

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.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				
16.				
17.				
18.				

Total amount raised (not including matching gifts)



Bring all offline donations, along with this completed sponsorship form, to the Walk or mail them to:
 Peconic Bay Medical Center, 889 Harrison Avenue 3rd Floor Riverhead NY 11901, Attn: 2025 Walk.
 Make checks payable to: PBMC Foundation. Attach additional sponsorship forms if necessary.