



Port Jefferson
 Sunday, May 18, 2025

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:
 Mather Hospital, 75 North Country Road, Port Jefferson, NY 11777, Attn: 2025 Walk
 Make checks payable to: Mather Hospital. Attach additional sponsorship forms if necessary