

My fundraising goal is \$ _

Select a designation for your contribution:

- □ Katz Institute for Women's Health
- 🗆 Cohen Children's Medical Center

Both Katz Institute for Women's Health and Cohen Children's Medical Center

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 | |
| Phone | Email Address | |

Company Name

| Name | Mailing Address | Email Address | Donation | Matching Gift |
|------|-----------------|---------------|----------|---------------|
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| 17. | | | | |
| 18. | | | | |
| | 1 | 1 | 1 | |

Total amount raised (not including matching gifts)



Bring all offline donations, along with this completed sponsorship form, to the Walk or mail them to: Northwell Health Walk, Foundation Office, 2000 Marcus Avenue, New Hyde Park, NY 11042, Attn: 2024 Walk Make checks payable to: Northwell Health Foundation. Attach additional sponsorship forms if necessary.