

First Name	Last Name	
Team Name		
Home Address		
City	State	ZIP
Phone	Email Address	

My fundraising goal is \$

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.				
		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: Northern Westchester Hospital Foundation, 400 East Main Street, Mount Kisco, NY 10549, Attn: 2024 Walk Make checks payable to: Northern Westchester Hospital. Attach additional sponsorship forms if necessary.

