



SUPPORTING THE NORTHWELL WALK TO RAISE HEALTH AT EAST END



## SPONSORSHIP OPPORTUNITIES

**East Wind | 5720 NY-25A, Wading River, NY 11792 | Thursday, March 5, 2026**

All proceeds raised will support the Cancer Survivorship Program at Peconic Bay Medical Center

Please check your selection:

- ☐ **Presenting Sponsor - Reserved:** Prominent signage recognition, logo on all promotional materials, opportunity to kickoff event, opportunity for event tabling. 10 tickets to the event.....**\$5,000**
- ☐ **Platinum Pastry Sponsor:** Signage at the event, logo on all promotional materials, opportunity for event tabling, opportunity to sponsor the 3 trophies [People's Choice Award; Best Display; Healthiest Dessert]. 8 tickets to the event .....**\$2,500**
- ☐ **Gold Plate Sponsor Check-In Sponsor:** Logo recognition on all promotional materials, opportunity to provide swag bag for guests, opportunity for event tabling. 4 tickets to the event.....**\$1,500**
- ☐ **Silver Spoon Sponsor Special Area Sponsor:** Logo recognition on all promotional materials, opportunity for tabling and 2 tickets to the event .....**\$1,000**

### Peconic Bay Medical Center's Sweet Dreams | Thursday, March 5, 2026

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

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

☐ Please reserve my sponsorship for \$ \_\_\_\_\_ ☐ Enclosed is my check for \$ \_\_\_\_\_

Kindly make checks payable to: **Peconic Bay Medical Center Foundation**

☐ Please charge my: ☐ MC ☐ Visa ☐ AmEx Cardholder # \_\_\_\_\_

Exp. Date: \_\_\_\_\_ Sec. Code: \_\_\_\_\_

Should you have any questions, please call PBMC Foundation Office at 631-548-6080.

Please mail this form to PBMC Foundation, 1 Heroes Way, Riverhead, NY 11901

or via email [jdoskoez@northwell.edu](mailto:jdoskoez@northwell.edu) or fax it to 631-548-6048.