

Join Team Eversight

Join Team Eversight at one of the most beloved events honoring New Jersey's eye, organ and tissue donation and transplantation community - NJ Sharing Network's Celebration of Life 5K!

Register at:
eversightvision.org/nj5k

Why join Team Eversight?

- Support the eye, organ and tissue donation community
- Fundraising support and prizes
- Exclusive day-of access and acknowledgement
- Team Eversight swag
- 5K walk & USATF certified race
- Family fun, giveaways, refreshments



Thanks to our valued partnership with NJ Sharing Network and the Sharing Network Foundation, all funds raised by Team Eversight will support Eversight's mission to restore sight and prevent blindness through the healing power of donation, transplantation and research.

Saturday, May 20, 2023

7:30 a.m. event begins

8:30 a.m. race | 10 a.m. walk

Ocean Pathway

Ocean Grove, NJ

Sunday, June 11, 2023

7:30 a.m. event begins

8:30 a.m. race | 10 a.m. walk

NJ Sharing Network Headquarters

New Providence, NJ

Register today!

Individual Team Eversight members who fundraise at least \$250 will receive the following benefits:

- Name or message included in Team Eversight materials, including:
 - Team Eversight web page
 - Team Eversight print displays
- One (1) Team Eversight swag bag
- Inclusion in Eversight's annual impact report
- Eligible for exclusive prizes and incentives for top fundraisers

Register for Ocean Grove
May 20



Register for New Providence
June 11



Support the cause

- ☐ **Join Team Eversight**
- ☐ **Fundraise for Team Eversight**
- ☐ I want to be involved in another way. Contact me.
- ☐ I regret not being able to join Team Eversight, but would like to make a tax-deductible contribution to support sight-restoration.



eversightvision.org/nj5k
sroman@eversightvision.org

For more information on Eversight,
visit us online at eversightvision.org

Supporter information

Return form by mailing to the address listed below to confirm your participation.

Participants/Supporter names _____

Address _____

City _____ State _____

Zip code _____ Phone _____

Email _____

Number of adult registrations _____ x \$30

Number of kid registrations _____ x \$15

Total cost of registrations \$ _____

Optional additional contribution to Eversight \$ _____

Total enclosed \$ _____

☐ Enclosed is my check made payable to
Sharing Network Foundation

☐ I am paying by credit card

Name on card _____

Card type _____

☐ Visa ☐ Mastercard ☐ American Express ☐ Discover

Card number _____

Exp. date _____ Security code _____

Signature _____

Please mail form to:

Sharing Network Foundation

691 Central Avenue

New Providence, NJ 07974

**Include this form and write "Team Eversight"
in the check memo field.**