

## 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](https://eversightvision.org/nj5k)

### Why join Team Eversight?

- Support the eye, organ and tissue donation community
- Exclusive day-of access
- 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 18, 2024**  
7:30 a.m. event begins  
8:30 a.m. race | 10 a.m. walk

Ocean Pathway  
Ocean Grove, NJ

**Sunday, June 9, 2024**  
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
- One (1) Team Eversight swag bag
- Inclusion in Eversight's annual impact report

Register for Ocean Grove  
May 18



Register for New Providence  
June 9



## 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](http://eversightvision.org/nj5k)  
[sroman@eversightvision.org](mailto:sroman@eversightvision.org)

For more information on Eversight, visit us online at [eversightvision.org](http://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.**