For the benefit of Stony Brook Eastern Long Island Hospital

AS ALWAYS only 2900 tickets will be sold.
(Ticket numbers will run from #00001 to #50000.)

The applications are in 3 parts:

1) WHITE (for our files)  }  Send both the white and yellow copies to
                          ELIH Auxiliary in the enclosed envelope
                          with a check made payable to Dream Green
                          or provide credit card information

2) YELLOW (for the drawing)

2) PINK (your receipt)
KEEP the pink copy for your receipt!

Each part of each application has the identical number.

Ticket numbers will run from 00001 to 50000. ONLY 2900 WILL BE SOLD!

If you wish to purchase additional tickets complete the application on the back and return it with
your payment in the enclosed envelope. Your numbered ticket receipts will be mailed to you.

Based on a sale of at least 2,500 tickets, the prizes will be as shown in the following schedule:

First Prize.......................... $50,000.00
Second Prize ......................... 25,000.00
Third Prize.......................... 15,000.00
Fourth Prize.......................... 10,000.00
Fifth Prize............................ 5,000.00
6th - 15th Prizes ...................... 1,000.00 each
16th - 65th Prizes ................... 500.00 each

You may purchase your tickets at the locations listed on the back, or through the mail by check, money order, MasterCard/Visa/Discover, or by phone at 631-477-5463 or 844-372-3544. Applications will also be available at numerous North Fork locations. Purchasers must be 18 year or older. Relatives or friends may purchase tickets as gifts under adult’s name or in trust for a minor.
2021
TICKET SELLERS

Andy’s
Front Street, Greenport

Front Street Station
Front Street, Greenport

Founders Tavern
Main Road, Southold

Orlowski Hardware
Love Lane, Mattituck

Shelter Island Heights
Pharmacy
Grand Ave., Shelter Is. Heights

Southold Pharmacy
Main Road, Southold

BE SURE TO SUPPORT
YOUR FAVORITE
RETAILER!

Read the
MYTHS!

1. SBELIH doesn’t need
  my money.
   FACT: SBELIH needs as
   much support as ever.

2. My money will go to
   Stony Brook.
   FACT: Dream Green
   proceeds will stay right
   here in Greenport.

3. My chances to win
   are better if I buy at
   the Festival.
   FACT: More than 85% of
   past winners bought
   earlier in the campaign.
   (Besides, it could rain!)

THE DRAWING
will take place at the
Mitchell Park Amphitheater
at the
East End Seaport Museum
Maritime Festival, Greenport*

Sunday
September 19, 2021
4:30 p.m.

You need not be present to win.

*Any change to the drawing location will
be announced at elih.stonybrookmedicine.edu
and at phone numbers listed below.

We thank you for supporting Dream Green and helping SBELIH to serve the needs of our residents
and visitors in times of emergency, as well as caring for our medical and surgical needs.

Helene Fall  Lynda Biedermann
ELIH AUXILIARY DREAM GREEN CO-CHAIRS  •  (631) 477-5463 or (844) 372-3544

☐ I wish to purchase _____ ADDITIONAL DREAM GREEN tickets:
☐ same info as first ticket
☐ new information below

Complete this form and return it with your payment in the enclosed envelope. Your receipts with the
ticket numbers (the pink copies) will be mailed back to you. (this slip may be photocopied)

ENCLOSED OR AUTHORIZED TO CHARGE (FOR FIRST TICKET AT $100 PLUS _____ ADDITIONAL $100 TICKETS) TOTAL: $________

NAME(S) _________________________________________________________________________________________________________________________

WINNING CHECK(S) WRITTEN ONLY TO NAME(S) LISTED ABOVE. LIST ALL APPLICANT NAMES INDIVIDUALLY (Attach separate sheet if necessary).

MAILING ADDRESS ___________________________________________ CITY ______________________________ STATE _________ ZIP____________

PHONE _______________________________ EMAIL _________________________________________ ☐ PLEASE DO NOT PUBLISH MY NAME

CHARGE MY: ☐ VISA ☐ MASTERCARD ☐ DISCOVER

NAME (as it appears on card) __________________________________ SIGNATURE ______________________________

CARD # _______________________________ EXPIRES ___________________________________________ (REQUIRED)