



SWIM ACROSS AMERICA - LONG ISLAND SOUND AND POOL SWIMS DONATION

Name of Swimmer: _____ Team Name: _____ (if applicable)

Sponsor's Information (please print):

Please mail this form with your donation to the swimmer you are supporting or to
 Swim Across America
 PO Box 217
 Larchmont NY 10538

Mr./Mrs. Mr. Mrs. Ms. Other _____

 Last Name First Name

 Company (for business donations)

 Mailing Address

 City State Zip

 Email

Thank You!

Please fill out this form completely and legibly to prevent processing delays. Please do not mail cash donations. Donations are tax deductible to the fullest extent allowed by law.

Matching Gifts

Many companies provide their employees with matching gifts. Check with your employer on its specific guidelines.

All proceeds benefit The Cancer Support Team; New York Presbyterian Children's Hospital Pediatric Oncology Lab; Memorial Sloan-Kettering Research Labs of Dr. Luiz Diaz and Dr. Kung Kids Department of Pediatrics; and Weil Cornell Medical Center SAA Research Lab of Dr. Jed Wolchok and Dr. Taha Merghoub.

I'm Behind You Every Stroke!

Honorary Swimmer \$1,000

Inspiration \$500

Commitment \$250

Spirit \$100

Other Amount \$ _____

THANK YOU!

This form may be copied as needed.

SAA- Long Island Sound Swim * PO Box 217 * Larchmont, NY 10538-0217

Phone: (914) 572-7902 * Email: Jean@swimacrossamerica.org

[WWW.SWIMACROSSAMERICA.ORG/LONG ISLAND](http://WWW.SWIMACROSSAMERICA.ORG/LONG_ISLAND)