SWIM ACROSS AMERICA
MAKING WAVES TO FIGHT CANCER

SWIM AROSS AMERICA - LONG ISLAND SOUND AND POOL SWIMS DONATION

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

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

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, the Tommy Palazzo Fellowship at Columbia University and Morgan Stanley Children's Hospital of New York-Presbyterian Medical Center, and the Swim Across America Laboratory at Memorial Sloan-Kettering Cancer Center

Sponsor's Information (please print):

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

_____ _____
Last Name First Name

_____
Company (for business donations)

_____
Mailing Address

_____
City State Zip

_____
Email

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) 319-2970 * Email: Tony@swimacrossamerica.org
WWW.SWIMACROSSAMERICA.ORG/LONG_ISLAND