

Swim a Mile for



Saturday, August 1, 2015 www.swimamileforhospice.org

SPONSORSHIP FORM

SPONSOR'S NAME		AMOUNT COLLECTED
		1
	TOTAL \$	
Please t	use additional forms if necessar	ry.
Swimmer (print):		
	City, State Zip:	

Name of Swimmer (print):		
Address:	City, State Zip:	
Email:		

You are strongly encouraged to submit your sponsorship pledges to Hospice of St. Lawrence Valley on or before **August 1, 2015**. You can bring your sponsorships with you on the day of the event.

Please do not send cash through the mail. Please make checks payable to Hospice of St. Lawrence Valley.

Send form and sponsorships collected to:

Kellie Hitchman, Hospice of St. Lawrence Valley, 6805 US HWY 11, Potsdam, NY 13676

These pledges are nonrefundable, even if you do not participate in Swim a Mile for Hospice. Thank you!