

Mail with sponsorship donation to Hospice of St. Lawrence Valley 6805 US HWY 11, Potsdam, NY 13676
Phone: 315-265-3105. www.swimamileforhospice.org

Name of Swimmer You are Sponsoring (print)	:
Your Name :	City, State Zip:
Your Email:	only, oracle 2.p
	In Honor/Memory of
Swim a Xtile for OSPIC	Mail with sponsorship donation to Hospice of St. Lawrence Valley 6805 US HWY 11, Potsdam, NY 13676  Phone: 315-265-3105. www.swimamileforhospice.org
Name of Swimmer (print):	
Name of Sponsor:	
Sponsor Address:	City, State Zip:
Sponsor Email:	
Your Donation Amount Enclosed: \$	In Honor/Memory of
	6805 US HWY 11, Potsdam, NY 13676  E Phone: 315-265-3105. www.swimamileforhospice.org
Your Address:	City, State Zip:
Your Email:	
Your Donation Amount Enclosed: \$	In Honor/Memory of
Swim a Xtile for HOSPIC	Mail with sponsorship donation to Hospice of St. Lawrence Valley 6805 US HWY 11, Potsdam, NY 13676 Phone: 315-265-3105. www.swimamileforhospice.org
Name of Swimmer (print):Name of Sponsor:	
Sponsor Address:	City, State Zip:
Your Donation Amount Enclosed: \$	In Honor/Memory of