

DONATION FORM

Women Swimmin' for Hospicare Saturday, August 13, 2011

(Note: There will not be a rain date. Please check www.womenswimmin.org or www.facebook.com/WomenSwimmin for more information about alternate plans.)

"It's not how you swim, it's how you live!"

Please fill out this form completely and legibly. Donations are tax deductible to the fullest extent allowed by the law.

Please send the form below with your donation and information to:

Women Swimmin' Donations
Hospicare and Palliative Care Services of Tompkins County
172 East King Road
Ithaca, NY 14850

For more information or questions, call 607-272-0212 or email info@womenswimmin.org

Gifts can also be made online at www.womenswimmin.org

Thank you for your support!

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Please accept my donation of: (circle one)

\$250 \$100 \$50 \$25 \$10 Other (please specify): _____

Name of swimmer/boater/team you are sponsoring: _____

Your name: _____

(If paying by credit card, please print your name exactly as it appears on your credit card)

Mailing address: _____

Telephone #: _____ Email: _____

Payment options:

Check (*Please make checks payable to "**Hospicare**" and write name of swimmer or boater on memo line*)

Credit card: (**circle one**) VISA/Mastercard # _____

Exp. date: ____/____/____ Signature: _____

Hospicare will be sending out thank you postcards to donors after the event. You may use your canceled checks or credit card statement as receipts for tax purposes.

Please know we deeply appreciate your support!