

## DONATION FORM

### Women Swimmin' for Hospicare 2010 Saturday, August 14, 2010

(Note: There will not be a rain date. Please check [www.womenswimmin.org](http://www.womenswimmin.org) 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](mailto:info@womenswimmin.org)

**Gifts can also be made online at [www.womenswimmin.org](http://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!