



Swim 4 Autism 5 hour Swim Challenge Fund Raising Card



Name of Swimmer: _____

Name of Sponsor	Contact Number	Amount to pledge (This can be per lap swum or per amount of time spent in the water. You may also wish to make a straight donation)	Total Money Pledged	Total Money Collected

You can also make a donation by credit card at www.swim4autism.com

All donations over \$2 are tax deductible and a receipt can be provided

Total