



SWIM FOR MS
ANY POOL, ANY TIME

MULTIPLE SCLEROSIS ASSOCIATION OF AMERICA

In-Kind Donation Form

First Name: _____ Last Name: _____

Dear Potential Donor,

I am participating in the MSAA *Swim for MS™*. All proceeds will help to enrich the quality of life for everyone living with MS. An in-kind donation towards our event would be very much appreciated to help increase the competition by increasing the overall amount raised for MSAA. Thank you!

Name of In-Kind Donor	Contact Person	Date	Item	Estimated Value	Additional Donation

Please make additional donations payable to: MSAA

Once your Swim for MS is completed, please return this form to MSAA:

Multiple Sclerosis Association of America
Attn: Swim for MS
375 Kings Highway North
Cherry Hill, NJ 08034