



First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Dear Friend,

I am participating in the MSAA *Swim for MS™*. All proceeds will help to enrich the quality of life for everyone living with MS. You can sponsor me for an amount per lap and can name a maximum amount that you are willing to contribute or you can make a single gift in an amount that you choose. After the Swim, I will return to tell you how many laps I swam and collect your contribution.

- I plan to swim at least \_\_\_\_\_ laps / meters / miles for MSAA.
- I plan to organize a Swim for MS event:

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All contributions are tax-deductible. For a tax-deductible receipt, please provide contact information and address. For questions please email [swim@mymsaa.org](mailto:swim@mymsaa.org) or call 800.532.7667, ext. 157.

	Name	Address	Pledge per Lap (Example: \$1.00)	Single Gift Amount
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

**Please make checks payable to MSAA and mail to:**

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