



CONTRIBUTION FORM

Please print, complete and mail your contribution to:

USMS, Swimming Saves Lives Foundation
Attention: Susan Kuhlman
655 North Tamiami Trail
Sarasota, FL 34236

First Name Last Name

Address City State Zip

Phone E-mail Address

It is my/our wish that this gift be recognized as follows:

- In memory of (PLEASE PRINT)_____.
- OR
- In honor of (PLEASE PRINT)_____.

Sincerely,

SIGNATURE DATE

Please indicate exactly how you would like your name(s) to be listed in all USMS literature:

(Please print)_____

- I/We wish to remain anonymous

Please make checks payable to USMS, Swimming Saves Lives Foundation.

If paying by credit card please provide the following information:

Name as it appears on the card: _____

Card Number: _____ Expiration Date (Month/Year): _____

Card Type: Visa MasterCard Discover

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