



Mail with sponsorship donation to Hospice of St. Lawrence Valley
 6805 US HWY 11, Potsdam, NY 13676
 Phone: 315-265-3105. www.swimamileforhospice.org

Name of Swimmer You are Sponsoring (print): _____
 Your Name : _____
 Your Address: _____ City, State Zip: _____
 Your Email: _____
 Your Donation Amount Enclosed: \$ _____ In Honor/Memory of _____



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