SPONSOR SHEET

St. Vincent's Medical Center Foundation
2800 Main Street • Bridgeport, CT 06606
Tel: (203) 576-5451 • Fax: (203) 576-5880

swim across the sound

Swim Event: _____

Participant Name _____ Address _____

City/State/Zip _____ Phone: _____

Team Name _____ E-Mail: _____

Sponsor's Name	Street/ City/ State/ Zip	Pledge Amount		
		Donation	Collected	Outstanding
	TOTALS			

Instructions:
1. Please PRINT clearly
2. Complete all information for each sponsor
3. Make checks payable to SWIM ACROSS THE SOUND
4. If your company matches gifts — please include necessary forms or information.

For Office Use Only

Date: _____

Checks: _____ Cash: _____ Total: _____

Amt Due: _____

Information: Contact the Foundation Office at 203-576-5451