



Inaugural fundraising event to benefit Sepsis Alliance

Swimmer Sponsor Form

YES! COUNT ME IN...

TO SPONSOR THE SWIM OF:

Last name _____ First name _____

SPONSOR NAME _____

ADDRESS _____ ZIP CODE _____

EMAIL _____ DAYTIME PHONE _____

AMOUNT PER LAP* \$ _____ MAXIMUM DONATION \$ _____

NUMBER OF LAPS* COMPLETED _____

I can't attend, but want to donate to support this important cause in the amount of \$ _____

____ Please accept my check, payable to the Harbor Point Charitable Foundation.

____ Please charge my credit card for the amount checked above.

____ AMEX ____ MASTERCARD ____ VISA

Card Number _____ Exp. Date _____ CVV _____

Signature _____

My Employer will be matching these funds Yes ____ No ____

Employer Name _____

Enrolled by: _____

For more information, please contact Ray Kaliski, Harbor Point Charitable Foundation, 415-389-7266



Benefiting
SEPSIS ALLIANCE

* A lap is equal to one pool length of 25 meters (82 feet). Any swimmer completing their benefit swim in a longer or shorter pool must apply the mathematical equivalent to their total lap score (one meter = 3.28 feet)