



Swim-a-Thon Donation Form
Thank You for Supporting Swim Team!
Please make checks payable to Water Sharks Shiver

Swimmer Name: _____

Swimmer Age Group: () 8-10 () 9-10 () 11-12 () 13 & 14 () 15 and up

Fundraising Goal: _____

Length Goal: _____

Name*	Donation per Length	Total Lengths Completed	Total per Length Donation (a)	Flat Donation (b)	Total Donation (a) + (b)

* please include an address if you plan to mail or provide the donor a donation receipt.