



Swim Ontario Donation Form

*"You can't put a limit on anything. The more you dream, the farther you get."
- Michael Phelps*

Donor Name	
Address	
City	
Province	
Postal Code	
Phone Number	
Email Address	
Total Donation Amount	\$
Please Indicate Donation Allocation	<input type="checkbox"/> General <input type="checkbox"/> Fundamental Camps <input type="checkbox"/> High Performance

Please Indicate Your Form of Donation	<input type="checkbox"/> Credit Card <input type="checkbox"/> Cheque <input type="checkbox"/> Cash
Credit Card Type:	<input type="checkbox"/> Master Card <input type="checkbox"/> Visa
Card Holder Name *As it appears on your card	
Card Number *No spaces or dashes	
Expiry Date	Month _____ Year _____

Please Send Your Donation and Completed Form To:

Swim Ontario
1 Concorde Gate Suite 200B
North York, Ontario
M3C 3N6

For Questions or Concerns Please Contact:

Phone: 416-426-7220
Fax: 416-426-7356
Email: info@swimontario.com

Thank you for your generous support!