RCP Tiburon Mile Open Water Swim – Pledge Form
October 17, 2010

My goal is to raise $_____

First Name: _____

Last Name: _____

Email Address: _____

Phone: _____

Company Name: _____

City, State, Zip: _____

Business Phone: _____

My Company has a matching gift program: ☐

NAME	*ADDRESS*	*PHONE*	*$75*	*$50*	*$25*	*OTHER*	*MATCHING GIFT*
Example: Joe Smith	*123 Paradise Dr. Anytown, CA 12345*	*415-555-1234*	X				

I will be swimming for Pledges for	**Sub-Total $**	
Hospice By The Bay (*make check payable to Hospice By The Bay*)	**Online Donation $**	
	Matching Gift Contribution $	
	Grand Total $	

ALL CHECKS SHOULD BE MAILED TO: RCP EVENTS INC - 899 NORTHGATE DR. STE. 304 - SAN RAFAEL, CA 94903