



August 15, 2011

I would like to make a contribution to the Waves of Hope Swim. This event is a benefit for the Juvenile Diabetes Research Foundation.

Amount Donated _____

Company Name _____

Company Address _____

Contact Name _____ Phone _____

Email _____ Fax _____

Please make checks payable to the "Waves of Hope Swim". Thank you for your generous contribution.

**Waves of Hope Swim
P.O. Box 806
Amityville, New York 11701-0806**

Website: <http://www.WavesOfHopeSwim.org>

Email: WavesOfHopeSwim@yahoo.com

Waves of Hope Swim