



Lap-a-thon Fundraiser SHASTA FAMILY YMCA

Help us support the Sharks, the competitive swim team at the Shasta Family YMCA. Proceeds from this ensure that the athletes are able to compete in competitive swim meets throughout the year. Swimming is more than exercise, it builds confidence and creates positive relationships.

HOW DOES THIS WORK?

You (the swimmer) or a sponsor will make a pledge of any amount to support the Sharks Swim Team. Pledges can be made via credit card, check or cash. Join us for the celebration, activities, and to watch Sharks Athletes swim as many laps as they can in a set time frame.

WHEN?

Saturday • April 27, 2019 • 8 am - 10 am

QUESTIONS? CONTACT:

Steve Lazaraton, Head Coach
sharksswimteam@sformca.org

Rachel Forero, Program Director
rforero@sformca.org



Make a gift to the Y through our easy, secure online giving tool at: <http://www.sformca.org/aquatics/programs/sharks-swim-team>



Swimmers are confident.

Swimmers are considerate.

Swimmers are hard workers.

Swimmers are good neighbors.

The Shasta Family YMCA is a 501(c)(3) not-for-profit organization, which means all donations are tax-deductible to the extent allowed by law. Tax ID 94-1212141

EVERY LAP COUNTS



2019 Lap-a-thon
SHASTA FAMILY YMCA

April 27, 2019
Support a Swimmer: _____

DONOR INFORMATION

Mr. Ms. Mrs.

NAME _____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____ EMAIL ADDRESS _____

ADDITIONAL DONOR FOR JOINT PATRONS

Mr. Mrs. Ms.

NAME _____

DONOR RECOGNITION HOW WOULD YOU LIKE THE GIFT TO BE RECOGNIZED?

SAME AS ABOVE ANONYMOUS GIFT

DONOR LISTING _____

MY GIFT

\$50 \$100 \$250 \$500 Other \$ _____

DOUBLE MY IMPACT!

I will request a matching gift of \$ _____ from my employer, _____
(Employer's Name)

Signature to Confirm: _____ **Date:** _____

PAYMENT INFORMATION

CHECK:

Check payable to the Shasta Family YMCA, Sharks Swim Team on memo line

CREDIT CARD:

Make my payment online at <http://www.sfymca.org/aquatics/programs/sharks-swim-team>



OTHER:

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NAME AS IT APPEARS ON CARD _____

CREDIT CARD NUMBER _____

EXPIRATION DATE _____ SECURITY CODE _____