

**ESCNJ Aquatics & Fitness Center
 SWIM FOR A CAUSE PLEDGE FORM**

Name: _____

Phone _____

Dear Potential Sponsor,

I am participating in the ESCNJ Aquatics & Fitness Center’s Swim for a Cause. All proceeds will benefit Autism New Jersey. You can sponsor me for an amount per lap and/or can name a maximum amount that you are willing to contribute. After the event, I will return to tell you how many laps I swam and accept your generous contribution to Autism New Jersey. Checks can be made payable to **Autism New Jersey**. Thank You!

Name of Sponsor	Telephone	Pledge per Lap (ex. \$1.00)	Maximum Pledge	Laps Completed	Total
1					
2					
3					
4					
5					
6					
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8					
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10					

Name of Sponsor	Telephone	Pledge per Lap (ex. \$1.00)	Maximum Pledge	Laps Completed	Total
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