



Donor Name _____

Donor Address _____

Yes, I am proud to support _____ as he/she represents the
USA at the Deaflympic Games, Septemeber 2009.

My gift of :

___\$25 ___\$35 ___\$50 ___\$75 ___\$100 ___\$500 ___\$1,000 ___\$2,500 ___Other

is enclosed.

Please make checks payable to:

US Deaf Swimming
9310 Topanga Canyon Blvd.
Suite 210
Chatsworth, CA 91311-5713

Thank you !