



**EVENT DATE:** \_\_\_\_\_

Please send your collected pledges to the MBCC office at:  
Post Office Box 202, Franklin, MA 02038

Your Name \_\_\_\_\_

Team Name (if applicable) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (day) \_\_\_\_\_ (evening) \_\_\_\_\_

E-mail \_\_\_\_\_

Participating Virtually

Participating In Person

**MY GOAL IS TO RAISE**

- \$2,500       \$500
- \$1,000      \$175

Please make checks payable to  
Massachusetts Breast Cancer Coalition.  
Contributions are tax-deductible.  
Register on-line at [www.mbcc.org/swim](http://www.mbcc.org/swim)

**EVENT PARTICIPATING IN:**

\_\_\_\_\_

Parent/Guardian signature is needed if participant is under 18

I am participating in honor/memory (circle one) of \_\_\_\_\_

I cannot attend, but I want to support the MBCC with a contribution of  \$200  \$150  \$50  Other \$ \_\_\_\_\_

**REGISTRATION FEES (NON-REFUNDABLE):**    \$40 for individual participants  
\$100 for family registration (up to 5 members)

SPONSOR'S NAME	ADDRESS	CITY/STATE/ZIP	PLEDGE AMOUNT	TOTAL PAID
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				

**Special prizes for top fundraisers!**

MASSACHUSETTS BREAST CANCER COALITION  
PO Box 202, Franklin, MA 02038 • [www.mbcc.org](http://www.mbcc.org)

\$ \_\_\_\_\_ \$ \_\_\_\_\_

Total Pledge    Total Paid