

Walker's Name \_\_\_\_\_ Phone ( \_\_\_\_\_ ) \_\_\_\_\_

www.aidswalk.net

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

My Fundraising Goal: \$ \_\_\_\_\_ (See back side for exciting awards!) Team Name \_\_\_\_\_ (If any) Team No. \_\_\_\_\_

Please have sponsors **PRE-PAY WITH CHECKS** payable to: AIDS Walk Atlanta (AWA). Contributions are tax-deductible. **Please print legibly.** Thank You.

SPONSOR'S NAME	AREA CODE	TELEPHONE NUMBER	AMOUNT PLEDGED	<input type="checkbox"/> MATCHING GIFT \$ (IF ANY)	TOTAL PLEDGE	AMOUNT COLLECTED PRE-WALK
X Sean Martin (Example)	(770)	555-6482	\$25	None	\$25	\$0
X Gloria Perez (Example)	(404)	555-1328	\$100	None	\$100	\$100
X Bill Walker (Example)	(770)	555-7379	\$25	\$25	\$50	\$50
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**Only give cash or credit card information to those you know.**



**IF PAYING BY CREDIT CARD, ENTER HERE** (PLEASE PRINT LEGIBLY)

24	NAME _____	PHONE _____				
	CREDIT CARD <input type="checkbox"/> VISA <input type="checkbox"/> M/C <input type="checkbox"/> AMEX	CHOOSE ONE <input type="checkbox"/> 5 MONTHLY X \$20=\$100 <input type="checkbox"/> 5 MONTHLY X \$50=\$250 <input type="checkbox"/> 5 MONTHLY X \$100=\$500				
	CARD NUMBER _____	EXP. DATE _____	SIGNATURE _____			
25	NAME _____	PHONE _____				
	CREDIT CARD <input type="checkbox"/> VISA <input type="checkbox"/> M/C <input type="checkbox"/> AMEX	CHOOSE ONE <input type="checkbox"/> 5 MONTHLY X \$20=\$100 <input type="checkbox"/> 5 MONTHLY X \$50=\$250 <input type="checkbox"/> 5 MONTHLY X \$100=\$500				
	CARD NUMBER _____	EXP. DATE _____	SIGNATURE _____			

**Last year, each walker raised an average of \$165. Any amount raised is greatly appreciated. Don't stop at 25 sponsors! Call the AIDS Walk office at (404) 876-WALK for additional sponsor forms.**

**PLEASE TOTAL PRIOR TO WALK:**

AMOUNT PLEDGED	<input type="checkbox"/>	MATCHING GIFT \$ (IF ANY)	<input type="checkbox"/>	TOTAL PLEDGE <sup>4</sup>	TOTAL COLLECTED PRE-WALK <sup>5</sup>