

# CHECK ONE:

5k RUNNER     12k WALKER     VOLUNTEER

Team Name \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

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

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

Email \_\_\_\_\_

My Employer Matches Gifts | Employer Name \_\_\_\_\_

Team #

Sub Team #



### Show off your fundraising efforts!

Walker, Runner & Volunteer (\$50+)	Receives a commemorative AIDS Walk/Run 2012 t-shirt
500 Club (\$500+)	Receives a limited edition 2012 "500 Club" sweatshirt
Platinum Club (\$1,000+)	Receives a distinctive polar fleece

### OFFICE USE ONLY Do Not Write In These Spaces

Total Donation	_____
# of Sponsors	_____
Initial	_____
Date	_____

**Please have your sponsors donate with checks payable to AIDS FUND. Contributions are 100% tax deductible.**

SPONSOR'S NAME (please print clearly)	STREET ADDRESS	CITY	STATE	ZIP	E-MAIL ADDRESS	DONATION
Jane Doe (SAMPLE)	1315 Spruce Street, 4th Floor	Philadelphia	PA	19107	info@aidswalkphilly.org	\$50.00
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						

Make additional copies of this form as needed.

CALL 215-731-WALK TO REQUEST ADDITIONAL FORMS OR DOWNLOAD A FORM AT: [www.aidswalkphilly.org](http://www.aidswalkphilly.org) OR [www.aidsrunphilly.org](http://www.aidsrunphilly.org)

The official registration and financial information of AIDS Fund may be obtained from the Pennsylvania Department of State by calling toll free, within PA, 1-800-732-0999. Registration does not imply endorsement.

PLEASE TOTAL PRIOR TO WALK &  
DO NOT INCLUDE CREDIT CARD DONATIONS

GRAND TOTAL \$ \_\_\_\_\_