

WALK RUN VOLUNTEER

TEAM #



TEAM NAME _____

SUB TEAM #

NAME _____

ADDRESS _____

CITY _____

STATE _____

ZIP _____

PHONE _____

EMAIL _____

EMPLOYER MATCHES GIFT NAME _____

Walker, Runner & Volunteer (\$50+)	Receives a commemorative AIDS Walk / Run 2016 T-Shirt
Walker, Runner & Volunteer (\$250+)	Receives sunglasses & 2016 T-shirt
500 Club (\$500+)	Receives a limited edition 2016 "500 Club" sweatshirt
Platinum Club (\$1000+)	Receives a distinctive jacket

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.

Name:	Street Address:	City:	State:	Zip:	Email Address:	Donation:
Jane Doe	1315 Spruce St.	Philadelphia	PA	19107	info@aidswalkphilly.com	\$50.00
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GRAND TOTAL:

MAKE ADDITIONAL COPIES OF THIS FORM AS NEEDED.

Call 215-731-WALK TO REQUEST ADDITIONAL FORMS AS NEEDED OR DOWNLOAD A FORM AT: www.aidswalkphilly.org OR www.aidsrunphilly.org

Please Total Prior to Event & Do Not Include Credit Card Donations.

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.