

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

SPONSOR'S NAME	AREA CODE	TELEPHONE NUMBER	AMOUNT PLEDGED $+$	MATCHING GIFT \$ (IF ANY) $=$	TOTAL PLEDGE	AMOUNT COLLECTED PRE-WALK
Sean Martin (Example)	213	555-6482	\$25	None	\$25	\$0
Gloria Perez (Example)	818	555-1382	\$100	None	\$100	\$100
Bill Walker (Example)	323	555-7379	\$25	\$25	\$50	\$50
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						

Only give cash or credit card information to those you know.

IF PAYING BY CREDIT CARD, ENTER HERE

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

For additional sponsor forms call The Center office at (605) 331-1153 or download at www.aidswalksiouxfalls.org



AMOUNT PLEDGED $+$	MATCHING GIFT \$ (IF ANY) $=$	TOTAL PLEDGE	AMOUNT COLLECTED PRE-WALK