

Address _____ City, State _____ Zip Codes _____ Team Number _____
 My Fundraising Goal: \$ _____ www.aidswalksiouxfalls.org

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