



FUNDRAISING GOAL \$ _____

NAME _____ TEAM NAME _____
 ADDRESS _____ CITY _____ STATE _____ ZIP _____
 PHONE _____ EMAIL _____

RAISE MONEY ONLINE! Add these donations as off-line pledges on your personal AIDS Walk web page.

| | | | | | | |
|--------------|---------|---------------|-------|-----------|---|------------------|
| SPONSOR NAME | ADDRESS | CITY | STATE | ZIP | <input type="checkbox"/> Check <input type="checkbox"/> Cash <input type="checkbox"/> Credit Card | AMOUNT COLLECTED |
| PHONE # | EMAIL | CREDIT CARD # | | EXP. DATE | | |
| SPONSOR NAME | ADDRESS | CITY | STATE | ZIP | <input type="checkbox"/> Check <input type="checkbox"/> Cash <input type="checkbox"/> Credit Card | |
| PHONE # | EMAIL | CREDIT CARD # | | EXP. DATE | | |
| SPONSOR NAME | ADDRESS | CITY | STATE | ZIP | <input type="checkbox"/> Check <input type="checkbox"/> Cash <input type="checkbox"/> Credit Card | |
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| SPONSOR NAME | ADDRESS | CITY | STATE | ZIP | <input type="checkbox"/> Check <input type="checkbox"/> Cash <input type="checkbox"/> Credit Card | |
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| PHONE # | EMAIL | CREDIT CARD # | | EXP. DATE | | |

PLEASE SEND THIS FORM ALONG WITH THE CONTRIBUTIONS WHICH ARE LISTED TO: AIDS Walk Orange County, 17982 Sky Park Circle, Suite J, Irvine, CA 92614. ONLY LIST DONATIONS WHICH YOU ARE TURNING IN WITH THIS SHEET. Sponsors must include their mailing address for tax receipt purposes. Please have sponsors make checks payable to AIDS Walk Orange County. AIDS Walk Orange County accepts Visa, Mastercard, American Express, and Discover card only. Please print legibly. AIDS Walk Orange County Federal Tax ID # 33-0126481. Thank you for your support!

TOTAL

I hereby release AIDS Walk Orange County (AWOC), AIDS Services Foundation Orange County, Automotive Marketing Consultants, Inc. (AMCI) and other sponsoring or co-sponsoring agencies, their parents, subsidiaries, affiliates, agents, employees, officers, directors, or individuals involved in the AWOC from responsibility for any injuries or damages I may suffer as a result of my participation in the AWOC. I hereby permit the use of my name, likeness, voice, and picture in any known media throughout the known universe in perpetuity. IF PARTICIPANT IS UNDER AGE 18: This certifies that my son/daughter has my permission to participate in AWOC and event officials have my permission to authorize emergency treatment if necessary. IMPORTANT: PARTICIPANTS UNDER AGE 18 MUST HAVE THIS FORM AGREED TO BY A PARENT OR GUARDIAN! (Please print, sign, and turn in to registration table at the Walk.)

SIGNATURE _____ DATE _____

Printing underwritten by Pacific Life

NEED ADDITIONAL SPONSOR SHEETS? DOWNLOAD FROM AIDS WALK ORANGE COUNTY.ORG