

# AIDSWalk 2009 SPONSOR FORM



**September 27, 2009**

Walker's Name \_\_\_\_\_

Home Address \_\_\_\_\_

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

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

Please have sponsors pre-pay with checks written to: Community AIDS Partnership/CARES. Contributions are 100% tax deductible. **Please bring sponsor form and money to the walk or mail to: The Community AIDS Partnership, 85 Watervliet Avenue, Albany, NY 12206.**

SPONSOR	ADDRESS, CITY, ZIP CODE	PHONE	AMOUNT
Example: Margaret Jones	34 Community Hill, Albany, 12203	(518) 555-3333	\$25
1. <i>My personal donation</i>			
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Please help us reach our goal of \$100 per walker

**PLEASE TOTAL PRIOR TO WALK**

**AIDSWalk Info Line: 448-WALK**