

Name _____ Team Name _____
 Address _____
 City/State/Zip _____ My fundraising goal \$ _____
 Phone _____ E-mail _____

www.piercecountyAIDS.org

Please have sponsors PRE-PAY WITH CHECKS payable to: Pierce County AIDS Foundation or PCAF.
 Contributions are tax-deductible. Receipts will be sent for all contributions over \$25. Please print legibly. Thank you!

Sponsor's Name	Address	City	ZIP	Donation Amount	Donation Received?
1					<input type="checkbox"/> Yes <input type="checkbox"/> No
2					<input type="checkbox"/> Yes <input type="checkbox"/> No
3					<input type="checkbox"/> Yes <input type="checkbox"/> No
4					<input type="checkbox"/> Yes <input type="checkbox"/> No
5					<input type="checkbox"/> Yes <input type="checkbox"/> No
6					<input type="checkbox"/> Yes <input type="checkbox"/> No
7					<input type="checkbox"/> Yes <input type="checkbox"/> No
8					<input type="checkbox"/> Yes <input type="checkbox"/> No
9					<input type="checkbox"/> Yes <input type="checkbox"/> No
10					<input type="checkbox"/> Yes <input type="checkbox"/> No
11					<input type="checkbox"/> Yes <input type="checkbox"/> No
12					<input type="checkbox"/> Yes <input type="checkbox"/> No
13					<input type="checkbox"/> Yes <input type="checkbox"/> No
14					<input type="checkbox"/> Yes <input type="checkbox"/> No
15					<input type="checkbox"/> Yes <input type="checkbox"/> No
16					<input type="checkbox"/> Yes <input type="checkbox"/> No
17					<input type="checkbox"/> Yes <input type="checkbox"/> No
18					<input type="checkbox"/> Yes <input type="checkbox"/> No

PLEASE DO NOT ENTER
 ONLINE DONATIONS ON THIS FORM.

Total Amount Received \$ _____

Don't stop at 18 sponsors!
 Additional Sponsor Forms are available online at
www.piercecountyAIDS.org
 or by calling PCAF at (253) 383-2565.

INTERNAL USE ONLY	
ONLINE TOTAL	GRAND TOTAL

WAIVER: I hereby release Pierce County AIDS Foundation and all municipal agencies whose property and/or personnel are used, and other sponsoring or co-sponsoring agencies or individuals from responsibility for any injuries or damages I may suffer as a result of my participation in the 18th annual Pierce County AIDS Walk. I hereby permit the use of my name and image in broadcasts, telecasts, newspapers, AIDS Walk materials, etc. IF PARTICIPANT IS UNDER AGE 18: This certifies that my son/daughter has my permission to participate in the AIDS Walk and event officials have my permission to authorize emergency medical treatment if necessary.

SIGNATURE _____ DATE _____
 (Parent or Legal Guardian, if under 18)