



**Sunday
September 27, 2009
Washington Park, Albany
1 P.M. Check In 2 P.M. Opening Ceremonies**

AIDSWALK 2009, SPONSORED BY THE COMMUNITY AIDS PARTNERSHIP OF THE CAPITAL REGION, WILL BRING TOGETHER OVER 2,000 CAPITAL REGION RESIDENTS TO REMIND OUR COMMUNITY THAT THE AIDS EPIDEMIC IS FAR FROM OVER.

Join us in celebrating the lives of persons living with HIV/AIDS in our community and help raise funds for needed local HIV/AIDS services.

Please visit our website at
www.aidswalk-capitalregion.org
For information or to register
online please e-mail us at:
Tamaraf@caresny.org

Funds raised will support the
efforts of Capital Region
AIDS organizations that provide
needed services for AIDS
prevention and care.



Prizes will be given to participants
who raise the most money.
Refreshments and entertainment
will follow the walk.

View panels from the
NAMES Project AIDS
Memorial Quilt and obtain
educational materials about
AIDS prevention and services.

Registration Form



Name: _____
Home Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ E-mail: _____

PLEASE MAIL TO:
The NAMES Project,
NY Capital Region Chapter
225 Lark Street
Albany, NY 12210

I would like to participate as an individual walker, or
 I am interested in forming a team. (Please send me a team leader kit.), or
 I would like to join the following team:
Team Name: _____ Team Leader: _____

FOR MORE INFORMATION:
Contact the NAMES Project
AIDS Walk Coordinators:
Sr. MaryAnn LoGiudice
or Sydney Allen
(518) 465-0595
www.aidsquiltny.org

My fundraising goal is \$_____. **Help us reach our goal of \$100 per walker.**
 My company _____ has a matching gift program.
 I need _____ registration forms for my friends.
I am unable to attend. My tax-deductible contribution of \$_____ is enclosed.
(Please make checks payable to Community AIDS Partnership/CARES)

