



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: **CAP-CR/CARES**.
Contributions are 100% tax deductible.

Please bring sponsor form and money to the walk or mail to:
NAMES Project, NY Capital Region Chapter, 225 Lark St. Albany, NY 12210

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

