

2011
CAPITAL REGION



AIDSWalk

Presented by CARES, Inc.

Saturday, September 24, 2011

**Supporting the
NAMES Project
NY Capital Region Chapter
(Keepers of the AIDS Quilt)**

Registration Form

The 2011 Capital Region AIDSWalk will bring together our community to celebrate the lives of friends, family, and our neighbors living with HIV/AIDS.

Please join us for a fun filled day with food, entertainment, and awards to support local organizations providing HIV/AIDS awareness, prevention education, counseling, and healthcare services for those living with this disease. Proceeds benefit the hundreds of men, women, and children living with HIV/AIDS in the Capital Region.

Register Online @ www.caresny.org/aids-walk.cfm

REGISTRATION

Walker's Name _____

Home Address _____

City _____ State _____ Zip _____ Phone _____

Email _____

I would like to join the following team: The NAMES Project, NY Capital Region Chapter

For Questions : Send an E-mail to: AIDSQuiltNY@aol.com

Fundraise Goal: Help us reach our goal of \$100 per walker!

My fundraising goal is \$ _____

My Company _____ has a matching gift program.

I am unable to attend. My tax-deduction contribution of \$ _____ is enclosed.

PLEASE MAIL TO: CARES, Inc.

85 Watervliet Avenue, Albany, NY, 12206 or FAX TO: 518.489.2227

Phone: 518.448.WALK Checks

payable to: CARES, Inc.

