



Walker's Name _____

Team Name _____ Total Team Members _____

Address _____ Phone (____) _____

My Fundraising Goal is: \$ _____

Please have sponsors **PREPAY WITH CASH, CHECKS, OR MONEY ORDERS** payable to: "IAE/ APEP".

Contributions are tax-deductible. **Please print legibly.**

SPONSOR'S NAME	AREA CODE	TELEPHONE NUMBER	AMOUNT PLEDGED	TOTAL AMOUNT	AMOUNT COLLECTED PREWALK	METHOD OF PAYMENT (CHECK/CASH/MONEY ORDER)
X Gloria Perez (Example)	(915)	555-1382	\$100	\$100	\$100	Check
X Bill Walker (Example)	(915)	555-7379	\$25	\$50	\$50	Cash
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BRING THIS FORM TO
AIDS WALK EL PASO
RAIN OR SHINE

☞ If Paying By Credit Card, Enter Here. Only give credit card information to those you know.

Circle One	VISA AMEX	MC DISCOVER	EXP Date	Circle One \$100 \$250 \$500 Other _____				
Card Number			Sec Code	Signature				
Circle One	VISA AMEX	MC DISCOVER	EXP Date	Circle One \$100 \$250 \$500 Other _____				
Card Number			Sec Code	Signature				

Don't stop at 25 sponsors! For additional sponsor forms, call the AIDS WALK Office at (915) 590-2118 or visit www.myspace.com/aidswalkelpaso
Each walker raised an average of more than \$150.00 in previous years.
Any amount is greatly appreciated.

IAE/APEP, 800 Montana Ave, El Paso, TX 79902

PLEASE ENTER TOTALS HERE

Amount Pledged	Total Pledged	Total Collected Prewalk