

(Please print legibly. Thank you!)

Walker's Name _____ Phone (____) _____

Address _____

Team Name _____

DONATION FORM



(this form is for offline donations only)

Please have donors who pay with a check, make it payable to AIDS Walk Atlanta and write Walker's name in memo field.

1) DONOR INFORMATION		AMOUNT DONATED
Full Name: _____		\$ _____
Mailing Address: _____	Suite/Apt: _____	<input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Credit Card
City: _____	State: _____ Zip: _____	CHECK#: _____
Tel: (____) _____	Email: _____	Card #: _____
		Card Type Exp. Date Sec. Code

2) DONOR INFORMATION		AMOUNT DONATED
Full Name: _____		\$ _____
Mailing Address: _____	Suite/Apt: _____	<input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Credit Card
City: _____	State: _____ Zip: _____	CHECK#: _____
Tel: (____) _____	Email: _____	Card #: _____
		Card Type Exp. Date Sec. Code

3) DONOR INFORMATION		AMOUNT DONATED
Full Name: _____		\$ _____
Mailing Address: _____	Suite/Apt: _____	<input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Credit Card
City: _____	State: _____ Zip: _____	CHECK#: _____
Tel: (____) _____	Email: _____	Card #: _____
		Card Type Exp. Date Sec. Code

4) DONOR INFORMATION		AMOUNT DONATED
Full Name: _____		\$ _____
Mailing Address: _____	Suite/Apt: _____	<input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Credit Card
City: _____	State: _____ Zip: _____	CHECK#: _____
Tel: (____) _____	Email: _____	Card #: _____
		Card Type Exp. Date Sec. Code

5) DONOR INFORMATION		AMOUNT DONATED
Full Name: _____		\$ _____
Mailing Address: _____	Suite/Apt: _____	<input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Credit Card
City: _____	State: _____ Zip: _____	CHECK#: _____
Tel: (____) _____	Email: _____	Card #: _____
		Card Type Exp. Date Sec. Code

**Most AIDS Walk participants raise more than \$175.
Any amount raised is greatly appreciated.**

For additional Donation Forms, visit AIDSWALKATLANTA.ORG



TOTAL COLLECTED
\$ _____