



**SATURDAY
OCTOBER 5, 2019**
MILWAUKEE'S
SUMMERFEST GROUNDS

Benefiting AIDS prevention, care
& treatment throughout Wisconsin

Team Name

T-shirt size

S M L XL XXL

My Fundraising Goal:

\$

For additional pledge forms
visit aidswalkwis.org, call
or make copies as needed.

Walker's Name

Circle One:
Home Work

Address

City State Zip

Home Phone Work Phone

Email Birthday Sex: M F

Please print legibly.

Please ask donors to make checks payable to: AIDS Walk Wisconsin. Contributions are tax deductible.
Thank you for your support. **NOTE: Please make a copy of this sheet for your records.**

Donor's Name:	Area Code & Phone:	\$ Pledged:	\$ Matching Gifts:	\$ Total Pledge:	\$ Collected:
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Please total prior to AIDS Walk Wisconsin & 5K Run Total <input type="text"/>		\$ Pledged:	\$ Matching Gifts:	\$ Total Pledges:	\$ Collected:

DO NOT INCLUDE ONLINE PLEDGES
ON THIS FORM

Bring this form to the Walk
rain or shine!