



# Thank You

Donor \_\_\_\_\_

Amount Donated \$ \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature of person receiving the donation on behalf of AIDS Walk Wisconsin & 5K Run  
(Please circle one of the following: Staff Volunteer Walker)

No goods or services were exchanged for this donation.

AIDS Walk Wisconsin • 820 N. Plankinton Ave. • Milwaukee, WI 53203  
aidswalkwis.org • 800.348.WALK



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