

Have your sponsors make their checks out to
AIDS SERVICE ASSOCIATION OF PINELLAS, INC.
 Please bring your contributions with this sponsorship
 page to the registration tent on September 12, 2009

Sponsor Sign-Up

Walker's Name is: _____

My Team Name is: _____

Sponsor's Name	Mailing Address	City, State, Zip	Phone	Contribution
Prevention Pete	123 Main Street	Anytown, FL 01234	(727) 123-4567	\$25.00
1. _____				
2. _____				
3. _____				
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19. _____				
20. _____				
Matching Gift				



Please photocopy and attach additional sheets if necessary.
 Don't forget to find out if your company has a matching gift program.
 Download forms at aidswalkstpetersburg.org
AIDS Service Association of Pinellas, Inc., (ASAP)



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HOSPICE**
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Total \$