

(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 Florida AIDS Walk 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 www.FloridaAIDSWalk.org



TOTAL COLLECTED
\$ _____