FLORIDA AIDS WALK & MUSIC FESTIVAL
MARCH 18, 2023

2023 INDIVIDUAL DONATION FORM

For Official Use Only
TEAM ID:
EVENT ID: 1120

Name of Participant You're Sponsoring

USE THIS FORM FOR A SINGLE DONATION TO AN INDIVIDUAL PARTICIPANT

IMPORTANT INFORMATION
- Send only one check per donation form and only one donation form per check.
- Please make all checks payable to "AHF – Florida AIDS Walk" and write the Participant ID number on the memo line.
- All donations are non-refundable and non-transferable.
- All donations are tax deductible to the extent allowed by law.
- We cannot accept cash donations. Please convert cash to a money order or check.
- We cannot accept credit card donations via mail. Please visit our website at FloridaAIDSWalk.org to make a donation with a credit card.
- International checks and international money orders are not accepted via mail. Please visit our website at FloridaAIDSWalk.org to make an international donation.
- Please mail this donation form and your check by USPS, not via FedEx or other delivery methods.
- Please allow two weeks for the donation to post to the participant's fundraising account.

TAX ID NUMBER FOR AIDS HEALTHCARE FOUNDATION: 95-4112121

PLEASE MAIL THIS FORM WITH YOUR DONATION TO:
AHF-FL AIDS WALK
PO BOX 935744
ATLANTA, GA 31193-5744

NOTE: If sending donation via overnight or certified mail, please contact info@floridaaidswalk.org prior to sending.

1. COMPLETE YOUR DONOR INFORMATION.

FIRST NAME **LAST NAME**

MAILING STREET ADDRESS **SUITE/APT. NO.** **CITY**

STATE **ZIP** **PHONE** **COMPANY NAME**

DONOR EMAIL ADDRESS (If an email address is provided you will receive a receipt via email. The AHF privacy policy is available at ahf.org.)

☐ I would like more information about how to apply for a matching gift.

☐ Do not add me to your contact list. (You still must provide your contact information in order to receive a receipt for your donation.)

If you would like to make your donation in honor or memory of someone, please note their name here: _____

2. CHOOSE YOUR LEVEL OF DONATION.

☐ $30 ☐ $150
☐ $50 ☐ $200
☐ $100 ☐ $250

Enter an amount that's meaningful for you. ☐☐☐☐☐.☐☐

3. ATTACH CHECK.

Please remember to attach only one check per donation form.
Contributions to Florida AIDS Walk are tax deductible to the fullest extent permitted by law. Please check with your personal tax advisor regarding the deductibility of your gift.

CONTACT US: To register or for more information about AIDS Healthcare Foundation or the Florida AIDS Walk, visit FloridaAIDSWalk.org.

MATCHING GIFTS: Many companies provide their employees with matching gifts. After you make your donation, mail your matching gift form along with a copy of your Florida AIDS Walk donation receipt to: AHF-FL AIDS WALK, PO BOX 935744, ATLANTA, GA 31193-5744. For online matching gift program instructions, please visit FloridaAIDSWalk.org/Matching.

ABOUT FLORIDA AIDS WALK: Florida AIDS Walk works to bring attention to the pressing issue of HIV and AIDS, educate and inspire our community to work together, and end the epidemic once and for all. We walk for the more than 100,000 people living with HIV in Florida.

Funds raised support HIV/AIDS services for our friends and neighbors throughout Florida.

Thank you for supporting the fight to end the HIV/AIDS epidemic.

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2023 TEAM DONATION FORM

Name of Team You're Sponsoring

For Official Use Only
TEAM ID:
EVENT ID: 1120

TAX ID NUMBER FOR AIDS HEALTHCARE FOUNDATION: 95-4112121

PLEASE MAIL THIS FORM WITH YOUR DONATION TO:
AHF-FL AIDS WALK
PO BOX 935744
ATLANTA, GA 31193-5744

NOTE: If sending donation via overnight or certified mail, please contact info@floridaaidswalk.org prior to sending.

USE THIS FORM FOR A DONATION TO A TEAM

IMPORTANT INFORMATION

- Send only one check per donation form and only one donation form per check.
- Please make all checks payable to "AHF — Florida AIDS Walk" and write the Team ID on the memo line.
- All donations are non-refundable and non-transferable.
- All donations are tax deductible to the extent allowed by law.
- If donation is to be split amongst participants on the team, please indicate specific amount of split to each participant by using the boxes below and on the back of this form. If more space is needed please include additional forms.
- Donations without splits requested will be put in as general team donations.
- We cannot accept cash donations. Please convert cash to a money order or check.
- We cannot accept credit card donations via mail. Please visit our website at FloridaAIDSWalk.org to make a donation with a credit card.
- International checks and international money orders are not accepted via mail. Please visit our website at FloridaAIDSWalk.org to make an international donation.
- Please mail this donation form and your check by USPS, not via FedEx or other delivery methods.
- Please allow two weeks for the donation to post to the participant's fundraising account.

1. COMPLETE YOUR DONOR INFORMATION.

FIRST NAME **LAST NAME**

MAILING STREET ADDRESS **SUITE/APT. NO.** **CITY**

STATE **ZIP** **PHONE** **COMPANY NAME**

DONOR EMAIL ADDRESS (If an email address is provided you will receive a receipt via email. The AHF privacy policy is available at ahf.org.)

☐ I would like more information about how to apply for a matching gift.

☐ Do not add me to your contact list. (You still must provide your contact information in order to receive a receipt for your donation.)

If you would like to make your donation in honor or memory of someone, please note their name here: _____

2. IDENTIFY TEAM MEMBERS TO RECEIVE A PORTION OF THE DONATION.

FIRST NAME: _____ LAST NAME: _____

EMAIL ADDRESS: _____ DONATION AMOUNT: $_____

FIRST NAME: _____ LAST NAME: _____

EMAIL ADDRESS: _____ DONATION AMOUNT: $_____

FFIRST NAME: _____ LAST NAME: _____

EMAIL ADDRESS: _____ DONATION AMOUNT: $_____

FIRST NAME: _____ LAST NAME: _____

EMAIL ADDRESS: _____ DONATION AMOUNT: $_____

TOTAL DONATION AMOUNT (PLEASE INCLUDE ANY AMOUNTS INDICATED ON THE BACK HERE AS WELL.): _____

3. ATTACH CHECK.

Please remember to attach only one check per donation form.
Contributions to Florida AIDS Walk are tax deductible to the fullest extent permitted by law. Please check with your personal tax advisor regarding the deductibility of your gift.

CONTACT US: To register or for more information about AIDS Healthcare Foundation or the Florida AIDS Walk, visit FloridaAIDSWalk.org.

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2023 TEAM DONATION FORM

Name of Team You're Sponsoring

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TEAM ID:
EVENT ID: 1120

2. IDENTIFY TEAM MEMBERS TO RECEIVE A PORTION OF THE DONATION (CONTINUED).

FIRST NAME: _____ LAST NAME: _____
EMAIL ADDRESS: _____ DONATION AMOUNT: $ _____

FIRST NAME: _____ LAST NAME: _____
EMAIL ADDRESS: _____ DONATION AMOUNT: $ _____

FIRST NAME: _____ LAST NAME: _____
EMAIL ADDRESS: _____ DONATION AMOUNT: $ _____

FIRST NAME: _____ LAST NAME: _____
EMAIL ADDRESS: _____ DONATION AMOUNT: $ _____

FIRST NAME: _____ LAST NAME: _____
EMAIL ADDRESS: _____ DONATION AMOUNT: $ _____

FIRST NAME: _____ LAST NAME: _____
EMAIL ADDRESS: _____ DONATION AMOUNT: $ _____

FIRST NAME: _____ LAST NAME: _____
EMAIL ADDRESS: _____ DONATION AMOUNT: $ _____

FIRST NAME: _____ LAST NAME: _____
EMAIL ADDRESS: _____ DONATION AMOUNT: $ _____

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FIRST NAME: _____ LAST NAME: _____
EMAIL ADDRESS: _____ DONATION AMOUNT: $ _____

FIRST NAME: _____ LAST NAME: _____
EMAIL ADDRESS: _____ DONATION AMOUNT: $ _____

FIRST NAME: _____ LAST NAME: _____
EMAIL ADDRESS: _____ DONATION AMOUNT: $ _____

TOTAL DONATION AMOUNT THIS PAGE (Please include any amounts indicated on this page on the front.): _____

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