



**MINNESOTA
AIDS WALK**

Register for the walk at www.mnaidswalk.org

February 10, 2018 8 3-7pm

Boom Island Park 8 Minneapolis

Name: _____

Email: _____

Home address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Employer/School: _____

I'm participating as: an individual part of a team Team name (optional)

Can't make it? Mail collected pledges and a copy of this form to : Minnesota AIDS Project, 2577 Territorial Road, St. Paul, MN 55114

Sponsors should pre-pay to Minnesota AIDS Project. Contributions are tax deductible. Please print legibly.
DO NOT INCLUDE ONLINE DONATIONS ON THIS FORM
Minnesota AIDS Project will send acknowledgments/tax receipts to sponsors.

Sponsor name (offline gifts only)	Email	Donation type	Amount
1		Cash Check	
2		Cash Check	
3		Cash Check	
4		Cash Check	
5		Cash Check	
6		Cash Check	
7		Cash Check	
8		Cash Check	
9		Cash Check	
10		Cash Check	
11		Cash Check	

I certify that all the information provided on this form is true and complete, and that I will abide by the rules and instructions of the event officials and management.

Participant Signature

Parent Signature (if under 18)