PLEASE MAKE ADDITIONAL COPIES OF THIS DONATION FORM AS NEEDED. THANK YOU FOR WALKING!

Name _____

Address _____

City _____ State _____ Zip

Email _____ Phone

Please bring all donations to the Farmers Market on Sunday, September 23, 2018

FOR TEAMS ONLY

Team Name: _____

Sponsored by: _____

Each walker must bring a form

The preferred method of payment is by check, made payable to AIDS WALK OKC. The canceled check is the donor's receipt.
Please visit www.aidswalkokc.org to donate with your credit card through FirstGiving or Paypal.

Donor's Name	Donor's Address	Phone	Amt	Company Matching Gift	Total

Offline Donations

Online Donations

Online fundraising and registration with FirstGiving: If you only raised money online, print your account total page from FirstGiving and bring it to check-in at the Walk. If you raised money online and offline please attach your online summary to this form and fill in the necessary totals. If you didn't register to walk online you MUST register and sign the waiver.

FORM YOUR WALK TEAM NOW!

Credit card donations will be accepted at the registration table on the day of the Walk.

WAIVER FOR AIDS WALK OF OKLAHOMA CITY in consideration of acceptance of this entry intending to be legally bound, I do for myself, my heirs, executors and administrators, waive and release any and all rights and claims for damage I may have against AIDS Walk OKC, their representatives, successors, and assigns for any injuries or damages to me during or because of this event. I further attest that I am physically fit and capable of participating in this event. My attendance at this event is my con-sent to having my picture and likeness taken and used for AIDS Walk materials

PHOTO RELEASE SIGNATURE (parent if under 18) _____ Date: _____