



Participant Name _____ Phone _____

Mailing Address _____ City _____ St _____ Zip _____

Email Address _____ Team Name (If Any) _____

MY FUNDRAISING GOAL

Please record donations you receive made by check, money order or cash (offline donations). Please do not include donors who gave through your webpage (online donations). Please ask each donor to make their gift at the time they commit to you. Make checks payable to AIDS Walk Atlanta & 5K Run. All donations are tax-deductible as allowed by law. Thank you.

Donor First and Last Name* (as listed on check)	Donor's Complete Mailing Address and Zip Code*	10 Digit Daytime* Phone Number	Donation Enclosed	This Gift Was Entered Offline	Matching Gift Form Enclosed*
Joseph L. Smith, Jr.	1526 Main Street Unit 123 Atlanta GA 303XX	404-555-1234	\$25	<input type="checkbox"/>	<input type="checkbox"/>
1.				<input type="checkbox"/>	<input type="checkbox"/>
2.				<input type="checkbox"/>	<input type="checkbox"/>
3.				<input type="checkbox"/>	<input type="checkbox"/>
4.				<input type="checkbox"/>	<input type="checkbox"/>
5.				<input type="checkbox"/>	<input type="checkbox"/>
6.				<input type="checkbox"/>	<input type="checkbox"/>
7.				<input type="checkbox"/>	<input type="checkbox"/>
8.				<input type="checkbox"/>	<input type="checkbox"/>
9.				<input type="checkbox"/>	<input type="checkbox"/>
10.				<input type="checkbox"/>	<input type="checkbox"/>
BRING THIS FORM AND ALL DONATIONS TO CHECK-IN TENT -- RAIN OR SHINE			Offline Total	*For each matching gift, please attach the completed Matching Gift form or online gift receipt to the corresponding donation -- cash, check, money order, or online donation confirmation.	
Print additional forms from the Tools tab of our website. Please ask donors to make their debit card or credit card gifts on your fundraising page at www.aidswalkatlanta.com . * Indicates required information.			+ Online Total		
			Grand Total		