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City _____ State _____ ZIP _____

E-Mail _____ Fundraising Goal $_____

Team Name

Please have donors pay at time of pledge. Make checks payable to AWC. Contributions may be tax-deductible. Please print legibly.

24TH ANNUAL AIDS WALK COLORADO
AUGUST 13, 2011 CHEESMAN PARK

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Additional pledge forms are available at
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Donation Amount	Donor's Name	Donor's E-Mail	Donor's Address, City, State, Zip	Cash or Check?	Is This Gift Eligible for Matching Gift?	Matching Gift Form Included?
	My Personal Donation					

Amount Collected

WAIVER: I hereby release AIDS Walk Colorado, Colorado AIDS Project and all municipal agencies whose property and/or personnel are used, and other co-sponsoring agencies or individuals from liability for any injuries or damages I may suffer as a result of my participation in AIDS Walk Colorado. I hereby permit the use of my name and image in broadcasts, telecast, newspapers, AIDS Walk materials, etc… IF PARTICIPANT IS UNDER AGE 18: This certifies that my son/daughter has my permission to participate in AIDS Walk Colorado and event officials have my permission to authorize emergency medical treatment if necessary.

Signature _____ Date _____