

# AIDS Walk Boston Pledge Form

all proceeds benefit AIDS Action Committee of Massachusetts

Participant Name: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Team Name: \_\_\_\_\_

Participant Type (Circle One): Walker    Runner    Virtual Walker    Volunteer

My Fundraising Goal is \$ \_\_\_\_\_

Make all **CHECKS** payable to **AIDS WALK BOSTON**. Process **CREDIT CARD** pledges securely online at [www.aidswalkboston.org](http://www.aidswalkboston.org).

	DONOR NAME	CONTACT INFORMATION	CASH RECEIVED	CHECK RECEIVED	ONLINE GIFT RECEIVED	WILL THIS BE MATCHED?
x	Jack Sponsor - EXAMPLE	jack@company.com			\$30	<input type="checkbox"/>
x	Jane Pledge - EXAMPLE	617-555-1234	\$50	\$50		<input checked="" type="checkbox"/>
1						<input type="checkbox"/>
2						<input type="checkbox"/>
3						<input type="checkbox"/>
4						<input type="checkbox"/>
5						<input type="checkbox"/>
6						<input type="checkbox"/>
7						<input type="checkbox"/>
8						<input type="checkbox"/>
9						<input type="checkbox"/>
10						<input type="checkbox"/>
11						<input type="checkbox"/>
12						<input type="checkbox"/>
13						<input type="checkbox"/>
14						<input type="checkbox"/>
15						<input type="checkbox"/>
16						<input type="checkbox"/>
17						<input type="checkbox"/>
18						<input type="checkbox"/>
19						<input type="checkbox"/>
20						<input type="checkbox"/>
	<b>SUBTOTAL</b>					
	<b>TOTAL CASH AND CHECKS INCLUDED WITH THIS FORM</b>			<b>\$</b>		

## THANK YOU FOR YOUR SUPPORT

**CHECKS:** Please have sponsors make all CHECKS payable to AIDS WALK BOSTON and bring all cash and checks you receive with you to AIDS Walk Boston on Walk Day.

**CREDIT CARDS:** Donors who wish to use a credit card can make a secure online donation at [www.aidswalkboston.org](http://www.aidswalkboston.org).

**MATCHING GIFTS:** Many companies offer a matching gift program. Ask your donors if their employer will match their pledges and include the appropriate forms along with your donations.

Have more than 20 donors? Copy this sheet or download additional Pledge Forms online from the Resource Center at [www.aidswalkboston.org](http://www.aidswalkboston.org).

Please send any donations you receive after the walk to:  
 AIDS Walk Boston  
 c/o AIDS Action Committee  
 75 Amory Street  
 Boston, MA 02119

*AIDS Action Committee is a registered 501(c)3 organization. All gifts to AIDS Walk Boston are tax-deductible to the extent permitted by law.*