

AIDS Walk Portland 2012 Donation Form

WALKER'S NAME: _____ PHONE: _____ *Cascade AIDS Project*

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

FUNDRAISING GOAL: \$ _____ EMAIL: _____

TEAM NAME (if applicable): _____ TEAM CAPTAIN: _____

Please make checks payable to Cascade AIDS Project or CAP. All Contributions are tax-deductible.



Cascade AIDS Project
208 SW 5th Ave, Suite 800
Portland OR, 97204
aidswalkportland.org
t: 503.223.WALK (9255)
f: 503.278.3859

Instructions:

- 1) Use the space below to list cash, checks and matching gift forms. Attach to this sheet all cash, checks and matching gift forms reported.
- 2) Turn in this form along with ALL THE DONATIONS listed below to CAP's office by 5:00 pm on Friday, Sept. 21st or to the Registration Tent by 11:00 am on the day of the Walk, Sunday, September 23rd. OR if you are a member of a team, give this form and your donations to your team captain.
- 3) PLEASE DO NOT enter donations not accompanying this form. If you receive any additional donations at a later date, fill out a new form.

PLEASE DO NOT REPORT ONLINE DONATIONS OR CREDIT CARD DONATIONS ON THIS FORM. THEY CAN BE ENTERED ON OUR WEBSITE, AIDSWALKPORTLAND.ORG.

	DONOR'S NAME	STREET ADDRESS	CITY	ST	ZIP	PHONE	COMPANY NAME*	CASH	CHECK	Matching Gift Form Enclosed	Grand Total
x	John Walker	1111 NE Broadway	Portland	OR	97232	503-222-2222	Nike	\$100		\$100	\$200
x	Susie Smith	432 Main Street	Beaverton	OR	97006	971-555-5555			\$50		\$50
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
*Ask your donors if their companies match charitable gifts and request that they provide you with a completed matching gift form prior to the Walk. All totals from the matching gift forms received by Walk day will count toward your fundraising total for prize consideration.								Total Cash	Total Checks	Total MG	Grand Total