Name_____ Phone (____) _____

Address _____ Apt. # _____

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.

Donation Amount	Donor's Name	Donor's E-Mail	Donor's Address, City, State, Zip	Cash or Check? (+ Check Number)	Is This Gift Eligible for Matching Gift?	Matching Gift Form Included?
	My Personal Donation					

DON'T STOP HERE! Additional pledge forms are available for download at www.AIDSWalkColorado.org or by calling 303.861.9255.

Amount Collected

WAIVER: I hereby release Festival for Life & 5K Walk/Run: AIDS Walk Colorado, Colorado Health Network 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. I hereby permit the use of my name and image in broadcasts, telecast, newspapers, CHN materials, etc… IF PARTICIPANT IS UNDER AGE 18: This certifies that my son/daughter has my permission to participate in the Festival for Life & 5K Walk/ Run: AIDS Walk Colorado and event officials have my permission to authorize emergency medical treatment if necessary.

Signature _____ Date _____