

When You Support AIDS WALK Kansas City,

you're helping fight the spread of HIV and AIDS in the KC metro area by supporting organizations that help people fight this disease:



In addition, your donations provide funding to other organizations as grants used to educate against the spread of HIV/AIDS. Some of these grants have gone to The Guadalupe Center, Coterie Theater's Dramatic Health Education Project, Calvary Community Outreach Network, reStart, Inc., Sheffield Place, KC Passages Youth Center, and Crittenton Children's Center.

READY?

It's easy...and free! Register online as an individual or as part of a team at www.aidswalkkansascity.org

Can't walk this year? Don't live in KC? Still want to support AIDS WALK 2019? Register as a **VIRTUAL WALKER** and begin your fundraising! On WALK Day, visit our website and participate via LIVE video feed—get prizes, too!

SET?

Collect money & pledges from friends, family and co-workers in these two easy ways: **ONLINE** - Create your free, personal fundraising page at www.aidswalkkansascity.org. Then, send emails to everyone you know asking them to visit your webpage and make a donation...or

OFFLINE- Use this pledge form to track and collect cash, credit cards or checks made payable to **AIDS Walk Kansas City**.

Bring (or mail) your donations & pledge form to the AIDS Walk Registration Tent on event day April 27, 2019.

WALK! at Theis Park on Saturday, April 27, 2019.

Registration: 8:00am, Walk Ceremonies: 9am, then join the WALK at 10am! Virtual Walkers—visit our website and participate in AIDS WALK via LIVE video feed! We have walkers from all over the country... we want you to join us!

MORE at AIDSWalkKC.org Download Center!

- Facebook Fundraising Logos
- Team Forms & Receipts
- Posters & Logos
- Fundraising Ideas & More

AIDS WALK KANSAS CITY PLEDGE FORM

Please make checks payable to AIDS WALK KANSAS CITY. Donations may also be made by credit card by visiting www.AIDSWalkKC.org or calling the AIDS Walk office at 816.931.0959. All donations are tax deductible. Please print.

MY TEAM NAME

DONOR NAME	PHONE #	BILLING ZIP	CARD #	CCV/ECD	EXPIRES	AMOUNT	CIRCLE ONE VISA DISCOVER M-CARD AMEX
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PRINTED SIGNATURE _____ PARTICIPANT SIGNATURE _____

IF UNDER 18, PARENT SIGNATURE _____ DATE _____

WAIVER: In consideration of your acceptance of this form, I hereby, for myself, my administrators, my heirs and assigns, waive and release any and all rights and claims for damages I have against the organizers of this Walk, their associates and representatives. I also agree to obey all traffic laws, exercise all safety precautions, avoid littering and respect the property of others. If participant is under the age of 18, parent or guardian must sign waiver.