



Saturday, September 24, 2011
 Washington Park, Albany

11 A.M. Check In
 12 P.M. Opening Ceremonies

Last year, over 40 walkers raised \$20,000 for the Albany Damien Center and PAWS – funds desperately needed to continue our programs that **help people living with HIV/AIDS every day.**

Sponsored by the Community AIDS Partnership of the Capital Region, AIDS Walk 2011 will bring together Capital Region residents to remind our community that **the AIDS epidemic is far from over.**

Join us in celebrating the lives of persons living with HIV/AIDS in our community and **help raise funds for needed HIV/AIDS services.**

Please visit our websites at
www.AlbanyDamienCenter.org
www.PAWSNYCapitalRegion.org
 for information on AIDS Walk
 or to register online



Funds raised will support the efforts of Capital Region AIDS organizations, including the **Albany Damien Center & PAWS**, that provide needed services for AIDS prevention & care.

Customize Your Own Fundraising Webpage At
www.aidswalk-capitalregion.org
 (Put that you are walking for the **Albany Damien Center** or **PAWS!**)

View panels from the NAMES Project AIDS Memorial Quilt and obtain educational materials about AIDS prevention and services.

**Albany Damien Center & PAWS
 Registration Form**



Name: _____
 Home Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____ E-mail: _____

CAP-CR may contact me by mail at other times during the year. YES _____ NO _____
 I am walking for: (please check one) The Albany Damien Center PAWS CIC

- I would like to participate as an individual walker, **or**
- I am interested in forming a team. (Please send me a team leader kit.), **or**
- I would like to join the following team:

PLEASE MAIL TO:
The Albany Damien Center
 12 South Lake Ave
 Albany, NY 12203

OR REGISTER ONLINE AT:
www.AlbanyDamienCenter.org

OR FAX TO: (518) 449-7881

FOR INFORMATION CALL TIM at
 (518) 449-7119 x12

- My fundraising goal is \$_____. **Help us reach our goal of \$100 per walker.**
- My company _____ has a matching gift program.
- I need _____ registration forms for my friends.
- I am unable to attend. My tax-deductible contribution of \$_____ is enclosed. (Please make checks payable to AIDS Walk/CARES).