



Albany Damien Center / PAWS SPONSOR FORM

Walker's Name _____
 Home Address _____
 City _____ State _____ Zip _____
 Phone _____ E-mail _____

I am walking for the
 Albany Damien Center
 PAWS
 CIC of the HIV Care Network
(Please check one)

Sat, Sept 24, 2011
 11 AM Registration
 12 Noon - Walk!

Team Name _____
 Please have sponsors pre-pay with checks written to: **AIDSWalk/CARES**. Contributions are 100% tax deductible and a tax form will be sent if address is clearly printed. **Please bring sponsor form and money to the walk or mail to: Albany Damien Center, 12 South Lake Avenue, Albany, NY 12203.**

SPONSOR NAME	ADDRESS, CITY, ZIP CODE	PHONE/E-MAIL	AMOUNT
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Please convert all cash to a check made payable to: **AIDSWalk/CARES** Please total prior to walk →

THANK YOU FROM THE ALBANY DAMIEN CENTER!!