



DONATION FORM
Thank you for supporting the 2017 Fresno AIDS Walk!

Donate on behalf of: (Please Check One)

- ◇ General Donation to the Fresno AIDS Walk
- ◇ Walker/Runner: (Name) _____
- ◇ Team: (Name) _____
- ◇ Form of funds CASH CHECK# _____
___ \$500 ___ \$250 ___ \$100 ___ \$50 ___ \$25 \$_____ Other

Please make your checks payable to: WestCare California, Inc.

Be sure to include the participant's name in memo portion of the check.

Donor Information:

First Name _____ Last Name _____

Address _____

City State Zip _____

E-mail _____ Phone _____

Credit Card Type: _____ Visa _____ MasterCard _____ AmEx _____ Discover

Expiration: ____/____ CVV#: _____ (located on the back of card)

CC# _____

Please e-mail, mail or fax form to:
The Living Room
901 E. Belmont Fresno, CA 93701

Phone: 559-486-1469 Fax: 559-486-1910 Email: Toni.harrison@westcare.com

For More Information & Registration: FresnoAidsWalk.com

