

Material Order Form

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| **CAPTAIN NAME** | **TEAM NAME** | **TEAM #** |
|  |  |  |
|  |  |
| **PHONE NUMBER** | **EMAIL**  |
|  |  |  |
| [ ]  | I would like to pick up my materials. (Please give us 24 hour notice.) | **(Date)**  |  | **At (Time)**  |  | **AM****PM** |

[ ]  I would like my materials mailed to me.

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| **ITEM** | **QUANTITY** | **PRICE** | **TOTAL** |
| **Walker/Runner/Volunteer Registration Cards**Use these cards to register new team members! |  | FREE |  |
| **Display Stands for Registration Cards** |  | FREE |  |
| **Walker/Runner/Volunteer Sponsor Forms** Each walker/runner on your team should have their own form for fundraising. Save some time and download online: [www.aidswalkphilly.org](http://www.aidswalkphilly.org).  |  | FREE |  |
| **AIDS Walk/Run Philly Posters**Help us spread awareness about AIDS Walk/Run Philly!  |  | FREE |  |
| **AIDS Walk Philly Team Posters** Place them in stores, your church, gym, train station, school, office, or anywhere you like to encourage people to sign up with your team! |  | FREE |  |
| **AIDS Walk/Run Buttons**Wear one on your shirt, coat or bag! |  | $1/EACH |  |
| **Shipping** If you are requesting materials to be mailed, a $5 suggested donation to defray shipping costs is greatly appreciated!*Shipping Address:*  | $5 |  |  |
|  |  | $1/EACH |  |
| **STREET ADDRESS, APT #** | **CITY, STATE, ZIP CODE** | $1/EACH |  |
| Please make checks payable to AIDS Fund. **TOTAL** |  |  |  |

MAIL this form to

AIDS Fund 1315 Spruce St., 4th Floor, Philadelphia, PA 19107
EMAIL this form to **teams@aidswalkphilly.org**
or CALL your order in to 215-731-WALK (9255)