

Material Order Form

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| **CAPTAIN NAME** | | **TEAM NAME** | | | **TEAM #** | | | |
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|  | |  | | | | | | |
| **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**](mailto:teams@aidswalkphilly.org)  
or CALL your order in to 215-731-WALK (9255)