

SPONSOR FORM

Name _____ Team Name _____ Team Number _____
 Address _____ Phone (____) _____
 Email _____

Please use this form to list all your sponsors who donate via check, money order, cash, or matching gifts. Do not list sponsors who donate online.

Please ask everyone who sponsors you with a check, money order, or cash to pay at the time of their pledge. Checks and money orders should be made payable to: "AIDS Walk New York" or "AWNY." Please print legibly and have your sponsors write your name in the memo portion of the check. Contributions are tax deductible. Thank you.

My Fundraising Goal is: **\$**

Walkers who set a goal of \$1,000 or more are part of the exclusive Star Walkers Club™. For more information, see reverse.

SPONSOR'S NAME	AREA CODE	TELEPHONE NUMBER	AMOUNT PLEDGED	MATCHING GIFT \$ (IF ANY)	TOTAL PLEDGE	AMOUNT COLLECTED
(Example) <i>Sally Sample</i>	<i>(718)</i>	<i>555-1430</i>	<i>\$100</i>	<i>None</i>	<i>\$100</i>	<i>\$100</i>
(Example) <i>Salvador Sample</i>	<i>(212)</i>	<i>444-1671</i>	<i>\$50</i>	<i>\$50</i>	<i>\$100</i>	<i>\$100</i>
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FOR CREDIT CARD DONATIONS, USE THE SPACES BELOW.

18. NAME* _____ AREA CODE* _____ PHONE NUMBER* _____

CREDIT CARD VISA M/C AMEX DISCOVER EXP. DATE* _____ CHOOSE ONE \$100 \$250 \$500 OTHER \$ _____

CARD NUMBER* _____ BILLING ZIP CODE* _____ SEC. CODE* _____

SIGNATURE* _____ EMAIL ADDRESS* _____

19. NAME* _____ AREA CODE* _____ PHONE NUMBER* _____

CREDIT CARD VISA M/C AMEX DISCOVER EXP. DATE* _____ CHOOSE ONE \$100 \$250 \$500 OTHER \$ _____

CARD NUMBER* _____ BILLING ZIP CODE* _____ SEC. CODE* _____

SIGNATURE* _____ EMAIL ADDRESS* _____

*Required information.
If you complete this Sponsor Form, contact us for more, or visit aidswalkny.org to download additional forms.
 Last year, walkers raised an average of \$342 each. Any amount you raise is greatly appreciated.



Please do not solicit contributions on the street or on public transportation.
 A copy of GMHC's latest financial report is available at www.gmhc.org.

AMOUNT PLEDGED	MATCHING GIFT \$ (IF ANY)	TOTAL PLEDGE	TOTAL TURNED IN AT EVENT

Please attach each Matching Gift Form to the corresponding donation when you submit your funds. For more information on how to double your donation with a matching gift, please see the reverse.

YOUR NEXT STEP? FUNDRAISING!

1 AIM HIGH!

Please set your goal high. Thousands of people living with HIV/AIDS depend on the money raised at AIDS Walk New York. With the uncertain future of federal healthcare and other services for people in need, your continued support is critically important this year.

2 MAKE IT PERSONAL.

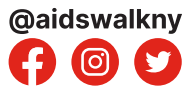
You have your own **fundraising web page** where donors can securely sponsor you online with a credit card. Now it's time to jazz it up with photos, videos, and a personal note about why you walk! Get started at aidswalkny.org. Email awnyninfo@gmhc.org for registration help!

3 ASK AWAY!

Ask everyone – your family, friends, neighbors, and co-workers – to sponsor you. If *you* make it a priority to ask, *they'll* make it a priority to give. **Please consider sponsoring yourself to get a head start on reaching your goal!**

4 GET SOCIAL!

You can post to your **Facebook, Twitter,** or **Instagram** account right from your fundraising page!



5 COLLECT YOUR PLEDGES.

Encourage everyone to **PAY WHEN THEY PLEDGE.** Checks can be made out to "AIDS Walk New York" or "AWNYY." Sponsors who donate online via credit card or PayPal will receive an email confirmation as a receipt. Sponsors who donate cash or checks can contact our office for a receipt.

AIDS WALK NEW YORK IS SUNDAY, MAY 21st

Bring this Sponsor Form and all prepaid pledges with you to AIDS Walk New York in Central Park. Sign-In opens at 8:30 am to turn in your pledges. We suggest you wear sturdy shoes and dress in layers for comfort. Water, refreshments, and restroom facilities will be provided along the route.

EARN FUNDRAISING AWARDS!

- IF YOU RAISE **\$150 OR MORE** → You will receive the official AIDS Walk New York T-shirt.
- IF YOU RAISE **\$500 OR MORE** → You will receive the above and the official AIDS Walk New York cap
- IF YOU RAISE **\$1,000 OR MORE** → You will become a Star Walker, and receive the above, plus other special Star Walker Awards.

To qualify for these awards, contributions must be received online or in the AIDS Walk office by 5 p.m. on Friday, June 16, 2023.

To join the Star Walkers Club, simply log in at aidswalkny.org and set a goal to raise \$1,000 or more. Once you reach your goal, you will receive the award items above, in addition to a special Star Walker Lapel Pin and Crown to wear during the event.



MATCHING GIFTS CAN DOUBLE YOUR FUNDRAISING

You may be able to **double your donations!** Hundreds of companies match employee donations, so **ask everyone who sponsors you if their company has a matching gift program.** Also, check with your employer to see if they will match your own donations and/or the money you raise. You can search for any company's matching gift policy at aidswalkny.org/matching-gifts/. Please note that the Federal Tax Identification Number for GMHC is 13-3130146.

SUBMITTING DONATIONS

Please make an appointment to turn in your donations at the AIDS Walk office by emailing Thom Medrano at thomm@gmhc.org.

Send donations to:

AIDS Walk New York, P.O. Box 7607, New York, NY 10116

Or submit donations online at:

aidswalkny.org/donate

FILE () LICENSE A-11516

The City of New York
THE CITY OF NEW YORK
DEPARTMENT OF SOCIAL SERVICES

LICENSE, EFFECTIVE FROM: January 23, 2023 to July 31, 2023

hereby is granted to **Gay Men's Health Crisis**

to solicit money, donations of money or property, or financial assistance of any kind in the following manner:

Personal Contact
Mail
Telephone

Place of solicitation is
NYC All 5 Boroughs

Proceeds of solicitation to be devoted to
AIDS Walk New York, May 21, 2023, to support GMHC's service for people living with HIV/AIDS.

This license is subject to the strict observance of all laws of the State of New York, all ordinances of the City of New York and the regulations as on file in the office of the Commissioner of Social Services, particularly to the provisions of Chapter 24, Section 603-11.0 of the Administrative Code of The City of New York, and is to remain in force for the period above stipulated, unless sooner suspended or revoked, AND IS NOT TRANSFERABLE.

No gambling device or game of chance will be permitted to be used in any cause for which this license is granted.

No solicitation is to be conducted in any public conveyance, on any platform, stairway, station or any appurtenance of a subway or elevated railway. No solicitation is to be conducted by children under eighteen (18) years of age.

WITHIN TEN DAYS FROM THE EXPIRATION OF THIS LICENSE, THE LICENSEE SHALL FILE WITH THE COMMISSIONER OF SOCIAL SERVICES A STATEMENT OF THE RECEIPTS AND EXPENDITURES, IN DETAIL, OF THE EVENT OR SOLICITATION FOR WHICH THIS LICENSE IS GRANTED.

Date: 1 | 11 2023
Ann Marie Sciala General Counsel

This License is not valid unless it bears the signature of the Commissioner, a Deputy Commissioner, or the Counsel to the Department of Social Services

In Cooperation with City of New York Parks & Recreation