



*Fax or mail this form to:*

The AIDS Institute  
17 Davis Boulevard, Suite 403  
Tampa, Florida 33606  
Phone: 813-258-5929 Fax: 813-258-5939

Sunday, February 26, 2006 - Lowry Park 7525 North Boulevard, Tampa Registration begins at 1:30pm

### **FREE REGISTRATION!**

Help make a difference in the lives of over 125,000 Floridians living with HIV.

Pay tribute to those we have lost and are impacted by HIV/AIDS.

Raise support, Walk, raise awareness and get an official commemorative

2006 Florida AIDS Walk T-Shirt with your first \$150 in sponsorship money.

(1 per walker/team member)

Last Name: \_\_\_\_\_ First

Name: \_\_\_\_\_ Street

Address: \_\_\_\_\_

City/State/ZIP: \_\_\_\_\_

\_ Business Affiliation: \_\_\_\_\_

Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Phone: \_\_\_\_\_

I would like to register to be an individual walker!

For Questions please contact Michael Ruppal at:

[MRuppal@theaidsinstitute.org](mailto:MRuppal@theaidsinstitute.org) or 813-258-5929

Put me down as a member of the queertampa.com team!

I would like to register to be part of a team!

Team Name: \_\_\_\_\_

I would like to start a TEAM and be the team captain!

Team Name: \_\_\_\_\_

I would like to make a donation!

Amount: \_\_\_\_\_

I know I will raise at least \$150 order my T-Shirt!

(Please circle one)

Small    Medium    Large    XL



***Until there is a Cure, Walk for AIDS!***

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## PLEDGE FORM

Your name : \_\_\_\_\_ Team Name: \_\_\_\_\_

Address: \_\_\_\_\_ City, state, zip: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Please make all checks payable to **"The AIDS Institute"** - All donations are tax deductible to the fullest extent of the law. The AIDS Institute is a non-profit 501c3 organization. Copy of registration is available upon request.

**Sponsor Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City, state, zip :** \_\_\_\_\_

**Amount pledged:** \_\_\_\_\_ **Amount paid:** \_\_\_\_\_  Check  Cash

**Sponsor Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City, state, zip :** \_\_\_\_\_

**Amount pledged:** \_\_\_\_\_ **Amount paid:** \_\_\_\_\_  Check  Cash

For Questions please contact Michael Ruppal at:  
[MRuppal@theaidsinstitute.org](mailto:MRuppal@theaidsinstitute.org) or 813-258-5929

**Sponsor Name:** \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ City, state, zip : \_\_\_\_\_  
Amount pledged: \_\_\_\_\_ **Amount paid:** \_\_\_\_\_  Check  Cash

**Sponsor Name:** \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ City, state, zip : \_\_\_\_\_  
Amount pledged: \_\_\_\_\_ **Amount paid:** \_\_\_\_\_  Check  Cash

**Sponsor Name:** \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ City, state, zip : \_\_\_\_\_  
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