



Information Sign Sponsor

Name _____

Business Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

E-Mail _____

Please check all that apply

- Yes! We want to sponsor _____ information sign(s) at \$50 each = _____
- We do not wish to sponsor a sign, but would like to make a contribution of \$ _____
- We would like to form a Walk Team, please send info to above address.
- We would like to volunteer, please call at above phone number.
- We would like to donate a raffle/incentive prize, please send info to address above.

Thank You!

Send to:
Stephanie M. Grant
AIDS Delaware
100 West 10th Street, Suite 315
Wilmington, DE 19801
(302) 652-6776