



Raffle Donation

Name _____

Business Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

E-Mail _____

Please check all that apply

Yes! We want to donate a raffle item. Description: _____

We do not wish to donate an item, 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 above phone number.

Yes! We want to sponsor _____ information sign(s) at \$50 each = _____

Thank You!

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