



## Community Table Form

Name \_\_\_\_\_

Business Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

E-Mail \_\_\_\_\_

### Please check all that apply

- We would like an 8-foot table in the Community Tent, enclosed is our check for \$100
- Yes! We want to sponsor \_\_\_\_\_ information sign(s) at \$50 each = \_\_\_\_\_
- We would like to form a Walk Team, please send materials for our team of \_\_\_\_\_ walkers.
- We would like to make a donation to the raffle. Description: \_\_\_\_\_

*Thank You!*

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