

House of Mercy 17th Annual Walk for AIDS

Saturday, April 10, 2010 in Belmont, NC • Register at 9:30am • Walk at 10am

Team Name (if applicable) _____

Walker's Name _____ Phone _____

Address _____

City _____ State _____ Email _____

DONATIONS: Make checks payable to *House of Mercy*. Donations are tax-deductible.

Credit card donations can be made at www.thehouseofmercy.org by clicking on the *Donate Now* button.

On the credit card billing information page under *Designation*, donors can type "Walk donation for (walker name or team)."

Sponsor Name _____ Amount \$ _____

Address _____ Check Cash

Email _____ phone _____

Sponsor Name _____ Amount \$ _____

Address _____ Check Cash

Email _____ phone _____

Sponsor Name _____ Amount \$ _____

Address _____ Check Cash

Email _____ phone _____

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Email _____ phone _____

Sponsor Name _____ Amount \$ _____

Address _____ Check Cash

Email _____ phone _____

Sponsor Name _____ Amount \$ _____

Address _____ Check Cash

Email _____ phone _____

Walker: Will your employer match your contribution? YES _____ NO _____ **TOTAL \$** _____

We challenge individual participants to raise \$50 and teams to raise \$500 or more. Walk T-shirts will be given to the first 250 participants meeting our challenge! Walk donation forms and a map to the Walk are at www.thehouseofmercy.org or call 704-825-4711 x3. Turn in your donations envelope, rain or shine, on Saturday, April 10th by 9:30am. Walk check-in is at the covered stone shelter on the Sisters of Mercy campus in Belmont, NC. Follow the red balloons to parking.

WAIVER to be signed: I hereby waive all claims against House of Mercy, organizer of the 17th Annual Walk for AIDS and all participating personnel for any damage or injury I might suffer during the event or as a result thereof. I attest that I am physically able to participate in the event and that if I am physically challenged, I will be responsible for my own assistance. Furthermore, I grant full permission to House of Mercy to use photographs or video/audio tapes of me for promotion of this or any other House of Mercy event.

Signature (Parent/Guardian signs if under 18) _____

Printed Name _____