## Sponsorship form

Name

Team Name

Phone

Address

Fundraising goal: _____

| Sponsor's Name | Phone | Amount Pledged | Check | Cash |
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| | Total Pledges (please total before you hand in form and pledges) | | | |

*If you would like a receipt, please be sure to give your address and name to the person collecting funds.
For additional forms or for more information, visit www.planusa.org/movetostopaids or call (401) 738-5600 Ext. 1301

YUGA/Plan USA
155 Plan Way
Warwick, RI 02886

***Please make checks payable to: Plan USA. Please write "Move to Stop AIDS" on the memo line.**