AIDS WALK LOS ANGELES

powered by APLAHealth

THIS LIST CHANGES LIVES

Thank you for supporting your community at AIDS Walk Los Angeles 2026. This personal organizer is for connecting offline with your network of supporters, and for keeping track of your donations. Please read the instructions on the front, and remember that the deadline to turn in funds is **November 13, 2026, at 5:00 p.m.!**

YOUR NEXT STEPS...

1. AIM HIGH!

Over 22,000 Angelenos living with or affected by HIV/AIDS depend on funds raised at AWLA. It's important to set a goal for yourself so your friends and family know exactly how to support you. Aim for $1,000 or more and become a Star Walker!

2. MAKE IT PERSONAL

Write *your* story. Your AWLA online profile is the first thing your friends and family will see if you send them online to donate. Make the page your own with photos, videos and a personal note. Simply log in at **aidswalkla.org** to get started.

3. ASK AWAY

The people who mean the most to you want to help the causes that mean the most to you. Your family, friends, neighbors and co-workers will make it a priority to give - if you make it a priority to ask them. The email templates in your online AIDS Walk LA profile are another way to share your story and AIDS Walk's history.

4. GET SOCIAL

Post to your Facebook, Twitter, or Instagram account right from your online AWLA profile. You can use pre-written templates or create your own personal message.

5. COLLECT YOUR PLEDGES

Encourage everyone to pay when they pledge. Checks can be made out to "AIDS Walk Los Angeles." Sponsors who donate online via credit card or PayPal will receive an email confirmation as a receipt.

MATCHING DONATIONS ARE TWO TIMES THE FUND

How would you like to double your donations? Hundreds of companies match employee donations, so make sure to ask everyone who sponsors you if their company has a matching gift program. Check with your employer to see if they'll match your own donations or the total money you raise (how sweet does that sound?). AIDS Walk LA directly benefits APLA Health & Wellness, which is a 501(c)(3) charitable organization doing business as APLA Health. Donations are tax-deductible to the full extent off the law. Our tax ID number is 84-1661910.

HOW TO TURN IN YOUR DONATIONS

You may turn in collected cash to our offices via **appointment only.** Email **aidswalkla@aplahealth.org** or call or text **(213) 201-9255** to schedule.

Mail donations to:

Attn: AIDS Walk Los Angeles
611 S Kingsley Dr
Los Angeles, CA 90005

EARN FUNDRAISING AWARDS!

To celebrate our dedicated walkers, we are offering rewards for achieving Star Walker status.

It's more important than ever to set your sights high and bring as many friends as you can!

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Name

Address

Phone

Email

Team Name

Team Number

YOUR ROSTER OF SPONSORSHIP HEROES

Please list your sponsors who are donating with a check, money order, cash or matching gift - in other words, offline fundraising only. Please ask everyone on the list to pay at the time of their pledge. Checks and money orders should be made payable to AIDS Walk Los Angeles. Make sure your sponsors write your name in the memo portion of the check, or we will not know to credit the check to you. All contributions are tax deductible.

SPONSOR'S NAME	AREA CODE	TELEPHONE NUMBER	AMOUNT PLEDGED +	*MATCHING GIFT $	= TOTAL PLEDGE	AMOUNT COLLECTED
Example Jane Smith	213	555-1382	$100	None	$100	$100
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Name

Address

Phone

Email

Team Name

Team Number

YOUR ROSTER OF SPONSORSHIP HEROES

Please list your sponsors who are donating with a credit card. Please be sure to get all credit card information needed below. All contributions are tax deductible.

FOR CREDIT CARD DONATIONS PLEASE USE THE SPACES BELOW			AMOUNT PLEDGED +	*MATCHING GIFT $	= TOTAL PLEDGE	AMOUNT COLLECTED
1. NAME	AREA CODE	PHONE NUMBER	AMOUNT PLEDGED	*MATCHING GIFT $	TOTAL PLEDGE	AMOUNT COLLECTED
CREDIT CARD ☐ VISA ☐ AMEX ☐ MASTERCARD ☐ DISCOVER			EXP. DATE			
CARD NUMBER	BILLING ZIP CODE		CVV (SEC. CODE)			
SIGNATURE	EMAIL ADDRESS					
2. NAME	AREA CODE	PHONE NUMBER	AMOUNT PLEDGED	*MATCHING GIFT $	TOTAL PLEDGE	AMOUNT COLLECTED
CREDIT CARD ☐ VISA ☐ AMEX ☐ MASTERCARD ☐ DISCOVER			EXP. DATE			
CARD NUMBER	BILLING ZIP CODE		CVV (SEC. CODE)			
SIGNATURE	EMAIL ADDRESS					
3. NAME	AREA CODE	PHONE NUMBER	AMOUNT PLEDGED	*MATCHING GIFT $	TOTAL PLEDGE	AMOUNT COLLECTED
CREDIT CARD ☐ VISA ☐ AMEX ☐ MASTERCARD ☐ DISCOVER			EXP. DATE			
CARD NUMBER	BILLING ZIP CODE		CVV (SEC. CODE)			
SIGNATURE	EMAIL ADDRESS					

* Please attach each Matching Gift Form to the corresponding donation when you submit your funds.

Visit **aidswalkla.org** to download additional forms.

PLEASE TOTAL PRIOR TO WALK

AMOUNT PLEDGED +	*MATCHING GIFT $	= TOTAL PLEDGE	TOTAL TURNED IN