



## Walk Share 2019

Agency must currently provide HIV prevention services or direct services to people living with HIV disease.

Agency Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Contact person: \_\_\_\_\_

Phone: \_\_\_\_\_

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

Please check each statement:

- This agency currently provides HIV prevention services or direct services to people living with HIV disease. Please list briefly your services and the amount for years you have been providing services to people with HIV:
  
- This agency is considered a 501c3 nonprofit. If you have never participated before, please include your Determination Letter from the IRS.
  
- You may form a team online and collect funds for the agency. You may also collect donations and turn them in on Walk Day. Be sure your online walk team name and any funds you turn in have the same name so funds are properly credited to your agency.
  
- 50% of cleared funds will be reimbursed to the agency within 30 days of the walk. If the opportunity exists, will you allow the agency's name to be included in PSAs or press releases about the event.  
\_\_\_\_\_Yes                      \_\_\_\_\_No

Name \_\_\_\_\_ Title \_\_\_\_\_

Director's signature \_\_\_\_\_ Date \_\_\_\_\_

---

**Please return this form along with any documentation by September 15, 2019 to:  
Rodney Thoulion, CrescentCare, 1631 Elysian Fields Avenue, New Orleans, LA 70117  
Or Email it to: [Rodney.Thoulion@crescentcare.org](mailto:Rodney.Thoulion@crescentcare.org)**