



MOVING DAY LAS VEGAS \_\_\_\_\_

Moving Day Walk Name \_\_\_\_\_

Walker First Name & Last Name \_\_\_\_\_

Team Name \_\_\_\_\_

Walker Email \_\_\_\_\_

## Walker Donation Collection Form

Make all checks payable to Parkinson's Foundation

Donor Name	Donor Address	Donor Email	Check # or Cash	Amount
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$

**TOTAL CASH & CHECKS** \$

**Turn in this form with your donations the day of the walk or mail them to:**  
 Parkinson's Foundation  
 Attn: Donor Services – Moving Day Las Vegas  
 200 SE 1<sup>st</sup> Street, Suite 800  
 Miami, FL 33131  
 Information: 415-367-4045