



Moving Day® Donation Form

Donor Information

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____ Phone: _____

Donation Information

I would like to make a donation in the amount of:

___ \$35 ___ \$75 ___ \$100 ___ \$250 ___ \$500 Other \$ _____

Please display my name on the participant's public donor wall as: _____

Please do not display my name on the donor wall

Payment Method

Enclosed is my check payable to the **Parkinson's Foundation**

-OR-

Please charge my ___ Visa ___ MasterCard ___ American Express ___ Discover

Credit card number: _____

Expiration date: _____ CSV#: _____

Signature: _____

Today's date: _____

Participant Information (donation on behalf of)

Event Name: Moving Day San Diego 2018 Event ID: 2682

Participant Name: _____ Participant ID: _____

Team Name: _____ Team ID: _____

Mail this form and contribution to:

Parkinson's Foundation
Attn: Donor Services
200 SE 1st Street, Suite 800
Miami, FL 33131

Thank you for your contribution!

If you have any questions, please call 1-800-4PD-INFO (473-4636)

**** Once received and processed, form will be shredded. ****