

Walker Donation Collection Form

Make all checks payable to: Parkinson's Foundation Western New York

MOVI	NG DAY BUFFALO	
Moving	g Day Walk Name	
Walker	First Name & Last Name	
Team N	lame	

Walker Email

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 Western New York Chapter
Attn: Moving Day Buffalo
2805 Wehrle Drive, Suite 12
Williamsville, NY 14221

Information: 716-449-3795