



MOVING DAY LOS ANGELES

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 |
|------------|---------------|-------------|-----------------|--------|
|            |               |             |                 | \$     |
|            |               |             |                 | \$     |
|            |               |             |                 | \$     |
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|            |               |             |                 | \$     |
|            |               |             |                 | \$     |
|            |               |             |                 | \$     |
|            |               |             |                 | \$     |

**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 Los Angeles  
200 SE 1<sup>st</sup> Street, Suite 800  
Miami, FL 33131  
Information: 661-360-5544