

Walker Donation Collection Form

MOV	ING DAY FRESNO
Movin	g Day Walk Name
Walke	r First Name & Last Name
Team I	Name

Walker Email

Make all checks payable to Parkinson's Foundation

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

TOTAL CASH & CHECKS

\$			
Ψ			

Turn in this form with your donations the day of the walk or mail them to:

Parkinson's Foundation
Attn: Donor Services – Moving Day Fresno
200 SE 1st Street, Suite 800
Miami, FL 33131
Information: