



MOVING DAY SACRAMENTO

\_\_\_\_\_  
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 Sacramento  
 200 SE 1<sup>st</sup> Street, Suite 800  
 Miami, FL 33131  
 Information: