



MOVING DAY CENTRAL NY

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 Greater Rochester

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 Greater Rochester Chapter
 Attn: Moving Day Central NY
 1000 Elmwood Ave., Suite 1600
 Rochester, NY 14620
 Information: 585-234-5355