

## **Walker Donation Collection Form**

MOVING DAY CH	HARLESTON, SC
Moving Day Walk N	lame
Walker First Name	& Last Name
Team 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 Charleston, SC 200 SE 1<sup>st</sup> Street, Suite 800
Miami, FL 33131
Information: 336-817-4190