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 New York New Jersey Chapter

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

TOTAL CASH & CHECKS $

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

Parkinson's Foundation New York-New Jersey
Attn: Moving Day Central NY
1000 Elmwood Avenue, Suite 1600
Rochester, NY 14620
Information: 585-234-5355