



Moving Day® Donation Form

Donor Information

First Name: _____ Last Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Email: _____ Phone: _____

Donation Information

I would like to make a donation in the amount of:
____\$35 ____\$75 ____\$100 ____\$250 ____\$500 Other \$_____

Please display my name on the participant's public donor wall as: _____
 Please do not display my name on the donor wall

Payment Method

Enclosed is my check payable to the **Parkinson's Foundation New York New Jersey Chapter**
-OR-
Please charge my ____ Visa ____ MasterCard ____ American Express ____ Discover
Credit card number: _____
Expiration date: _____ CSV#: _____
Signature: _____
Today's date: _____

Participant Information (donation on behalf of)

Event Name: Moving Day Central NY
Participant Name: _____
Team Name: _____

Mail this form and contribution to:

Parkinson's Foundation New York-New Jersey
1000 Elmwood Avenue, Suite 1600
Rochester, NY 14620

Thank you for your contribution!
If you have any questions, please call 1-800-4PD-INFO (473-4636)
**** Once received and processed, form will be shredded. ****