

Walker Donation Collection Form

MOVING D	AY ALBUQUE	ERQUE
Moving Day V	/alk Name	
Walker First N	lame & Last Na	ame
Tagus Namas		
Team Name		

Make all checks payable to Parkinson's Foundation

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Wal	ker	Fm	ail

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 Southwest
Attn: Donor Services – Moving Day Albuquerque
200 SE 1st Street, Suite 800
Miami, FL 33131
Information: 480-506-0063