



MOVING DAY COLUMBUS

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

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 Great Lakes

Attn: Moving Day Columbus

200 SE 1st Street, Suite 800

Miami, Florida 33131

Information: 614-918-7308