



MOVING DAY DAYTON

\_\_\_\_\_

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 Dayton

200 SE 1st Street, Suite 800

Miami, Florida 33131

Information: 614-918-7308