



**MOVING DAY LEXINGTON**

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
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**TOTAL CASH & CHECKS**

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**Turn in this form with your donations the day of the walk or mail them to:**  
 Parkinson's Foundation Tennessee-Kentucky  
 Attn: Donor Services – Moving Day Lexington  
 200 SE 1<sup>st</sup> Street, Suite 800  
 Miami, FL 33131  
 Information: 502-242-7168