



# 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**  
-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 Jacksonville  
Participant Name: \_\_\_\_\_  
Team Name: \_\_\_\_\_

## **Mail this form and contribution to:**

Parkinson's Foundation Florida  
Attn: Donor Services  
200 SE 1st Street, Suite 800  
Miami, FL 33131

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. \*\***