

Walker Donation Collection Form

Make all checks payable to: Parkinson's Foundation Great Lakes

MOV	ING DAY CLEVE	LAND
Movii	ng Day Walk Name	
	o ,	
Walke	er First Name & Las	st Name
Team	Name	
rcam	Name	

OVANIC DAVACLEVELAND

Walker Email

Donor Name	Donor Address	Donor Email	Check # or Cash	Amount
				\$
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				\$

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 Cleveland 200 SE 1st Street, Suite 800 Miami, Florida 33131

Information: 614-918-7307