MOVING DAY KANSAS CITY

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 Heartland
Attn: Moving Day Kansas City
8900 State Line Road, Suite 320
Leawood, KS 66206
Information: 913-350-0283