



MOVING DAY LITTLE ROCK

\_\_\_\_\_  
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 South Central  
 Attn: Donor Services – Moving Day Little Rock  
 200 SE 1<sup>st</sup> Street, Suite 800  
 Miami, FL 33131  
 Information: 501-772-8343