



MOVING DAY MILWAUKEE

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 Midwest
 Attn: Donor Services – Moving Day Milwaukee
 200 SE 1st Street, Suite 800
 Miami, FL 33131
 Information: 847-230-9889