



# 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 Chicago

Participant Name: \_\_\_\_\_

Team Name: \_\_\_\_\_

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

Parkinson's Foundation Midwest  
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. \*\***