



MOVING DAY TAMPA BAY

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 Florida  
Attn: Donor Services – Moving Day Tampa Bay  
200 SE 1<sup>st</sup> Street, Suite 800  
Miami, FL 33131  
Information: 813-530-2768