



MOVING DAY CENTRAL NY

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 New York-New Jersey  
 Attn: Donor Services – Moving Day Central NY  
 200 SE 1<sup>st</sup> Street, Suite 800  
 Miami, FL 33131  
 Information: 716-301-0423