MOVING DAY CENTRAL NY

Moving Day Event Name

Participant First & Last Name

Team Name

Donation Collection Form

Donor Name	Donor Address	Donor Email	Check # or Cash	Amount
				$
				$
				$
				$
				$
				$
				$
				$
				$
				$
				$

Make checks payable to: Parkinson's Foundation

TOTAL CASH & CHECKS $

Turn in this form with your donations the day of the walk or mail them to:
Parkinson's Foundation New York and New Jersey Chapter
Attn: Donor Services – Moving Day Central NY
200 SE 1st Street, Suite 800
Miami, FL 33131

Need information? Call 1-800-4PD-INFO (473-4636) or visit MovingDayWalk.org.