

MOVING	DAY	<b>CLEVEL</b>	AND
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Moving Day Event Name

Participant First & Last Name

Team Name

## **Donation Collection Form**

Donor Name	Donor Address	Donor Email	Check # or Cash	Amount
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Make checks payable to: Parkinson's Foundation

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Turn in this form with your donations the day of the walk or mail them to:

Parkinson's Foundation Great Lakes Chapter Attn: Donor Services – Moving Day Cleveland 200 SE 1<sup>st</sup> Street, Suite 800 Miami, FL 33131

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