

**Donation Collection Form** 

MOVING DAY KANSAS CITY

Moving Day Event Name

Participant First & Last Name

Team Name

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 Heartland Chapter Attn: Donor Services – Moving Day Kansas City 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.