

MOVING DAY	LAS VEGAS	S	
Moving Day Ever	it Name		
Participant First	ያ Last Name	!	

## **Donation Collection Form**

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

Team Name

Mak	ke cl	heck	s payal	ble to:	: Parkinson	's Found	lation
-----	-------	------	---------	---------	-------------	----------	--------

TOTAL		•	OI IE	~1/
TOTAL	( // CH	×.	<i>(</i> HF	ı K
IVIAL	CAJII	œ		

\$
----

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

Parkinson's Foundation Southwest Chapter
Attn: Donor Services – Moving Day Las Vegas
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.