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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

**TOTAL CASH & CHECKS** 

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\$			

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 Long Island
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.