

Donation Collection Form

MOVING DAY LOS ANGELES

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 California Chapter Attn: Donor Services – Moving Day Los Angeles 200 SE 1st Street, Suite 800 Miami, FL 33131

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