

MOVING DAY MIAMI	
Moving Day Event Name	
Participant First & Last Name	

## **Donation Collection Form**

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

Team Name

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 Florida Chapter Attn: Donor Services – Moving Day Miami 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.