



MOVING DAY NC TRIANGLE

Moving Day Event Name

Participant First & Last Name

Team Name

### Donation Collection Form

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 Carolinas Chapter  
 Attn: Donor Services – Moving Day NC Triangle  
 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](http://MovingDayWalk.org).