

Moving	Dav	Event	Name
IVIOVILIE	Duy	LVCIIC	INGILIC

Team Name

Donation Collection Form

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

Make checks payable to: Parkinson's Foundation

7	<u> </u>	т	Λ	 ^	Λ	C	ш	ጼ	ш	C		V	C
	u	ш.	А	١.,	А		н	₹.	н	ь	L.I	ĸ	. "

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

Parkinson's Foundation South Central Chapter Attn: Donor Services – Moving Day San Antonio 200 SE 1st Street, Suite 800 Miami, FL 33131

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