



Donation Form

Donor Information

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____ Phone: _____

Donation Information

I would like to make a donation in the amount of:

___\$35 ___\$75 ___\$100 ___\$250 ___\$500 Other \$_____

Please display my name on the participant's public donor wall as: _____

Please do not display my name on the donor wall.

Payment Method

Enclosed is my check payable to the **Parkinson's Foundation**

-OR-

Credit Card: Please contact us at 1-800-4PD-INFO (473-4636) to donate by credit card or go to our website at MovingDayWalk.org to make a donation online.

Participant Information (donation on behalf of)

Event Name: Moving Day Central NY

Participant Name:

Team Name:

Mail this form and contribution to:

Parkinson's Foundation New York/New Jersey Chapter
Attn: Donor Services – Moving Day Central NY
200 SE 1st Street, Suite 800
Miami, FL 33131

Thank you for your contribution!
If you have any questions, please call 1-800-4PD-INFO (473-4636)