



# 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](http://MovingDayWalk.org) to make a donation online.

## Participant Information (donation on behalf of)

Event Name: Moving Day New Jersey

Participant Name:

\_\_\_\_\_

Team Name:

\_\_\_\_\_

## **Mail this form and contribution to:**

Parkinson's Foundation New York/New Jersey Chapter  
Attn: Donor Services – Moving Day New Jersey  
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)