

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

\$			
Τ.			

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

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

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