



Donation Form

Today's date: _____

You have chosen to donate to

General Donation

Moving Day® Miami General Donation

Team Name _____ Participants Name _____

In Memory/Honor of _____

Donor information

First Name _____ Last Name _____

Address: _____

City: _____ State: _____ Zip: _____

Phone number: _____ Email Address _____

Donation information

I would like to make a donation in the amount of: \$25 \$50 \$100 \$250 \$500
\$ _____ Other (Please list amount)

Enclosed is my check payable to:

NPF South Florida

Return completed form to:

National Parkinson Foundation
Attn: Dreema Stokes/NPF South Florida
200 SE 1st Street, Suite 800
Miami, Florida 33138

Thank you for helping us make a difference! Together, we will improve the care and lives of people living with Parkinson's disease.

If you have any questions about giving, please call 305-537-9919.