



# Walker Donation Collection Form

Make all checks payable to:  
National Parkinson Foundation  
Minnesota Chapter

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 Moving Day Walk Name
 

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 Walker First Name & Last Name
 

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 Team Name
 

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 Walker Email
 

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Donor Name	Donor Address	Donor Email	Check # or Cash	Amount
				\$
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**TOTAL CASH & CHECKS** \$

**Turn in this form with your donations the day of the walk or mail them to:**  
 National Parkinson Foundation – Minnesota Chapter  
 Attn: Moving Day  
 8085 Wayzata Blvd., Suite 100  
 Golden Valley, MN 55426