



Mail-In Donation Form

DONOR INFORMATION

First Name: _____ Last Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____

Phone Number: _____

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 INFORMATION

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

-OR-

☐ Please charge my ___ Visa ___ Mastercard ___ American Express ___ Discover

Credit card number: _____

Expiration Date: _____ CSV #: _____

Signature: _____

Today's date: _____

PARTICIPANT INFORMATION

Event Name: Parkinson's Revolution Savannah Event ID: 4227

Participant Name: Mrs. Annie Long Participant ID: 1158536

Team Name: _____ Team ID: 0

Mail this form and contribution to:

Parkinson's Foundation

Attn: Donor Services

200 SE 1st St, Suite 800

Miami, FL 33131

Thank you for your contribution!

If you have any questions, please call 1-800-4PD-INFO (473-4636)

**** Once received and processed, form will be shredded. ****