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: Ashley Dundon Participant ID: 2454148
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. **