

Team Parkinson Donation Form

Enclosed is my contribution in the amount of: \$ _____

Please make checks payable to: Team Parkinson

Mail to: **The Parkinson Alliance**, P.O. Box 308, Kingston, NJ 08528

YOUR NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

TEL _____

E-MAIL _____

Please do not add me to your mailing list Please do not add me to your email list

My donation is in Support of TP Participant: _____

OR

This is a gift in Loving Memory Of: _____

This is a gift in Honor of: _____

Please send an acknowledgement card of my donation to (Honoree or Family of deceased):

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____