PARKINSON FOUNDATION
OF THE NATIONAL CAPITAL AREA

WALK OFF™ PARKINSON'S

Donation/Pledge Form

Donations for [participant name]:_____

I will be participating in the Parkinson Foundation of the National Capital Area's Walk Off Parkinson's, a virtual charity walk. I will join thousands of people impacted by Parkinson's Disease to help improve the lives of people impacted by the disease. The funds collected will go to provide weekly exercise and communications programs for people with Parkinson's Disease as well as various education programs. **I hope you can help by making a donation**.

Please make checks payable to Parkinson Foundation of the National Capital Area or PFNCA.

Donor Name	Email Address or Phone	Donation Amount

Please return this form with your donation to the participant listed above. Checks made payable to PFNCA can also be mailed to PFNCA, 8830 Cameron Street #201, Silver Spring, MD 20910. Please include the participant's name in the memo line.
If you would like to make a donation by credit card, please call PFNCA at 301-844-6510.
Thank you for your support!

Note to Participant: You can use this form to collect donations from a group of people at one time. For example, if you participate in a book group, you can use this form to ask for donations and keep track of them.