



## 2022 Registration/Donation Form

Name	
Mailing address	
City, State, Zip Code	
Phone 1   Phone 2	
Email	
Donation Information	
I (we) donate a total of \$	to be paid: $\Box$ now $\Box$ monthly $\Box$ quarterly
I (we) plan to make this con	tribution in the form of:
$\Box$ cash $\Box$ check payable to F	PFNCA $\Box$ credit card $\Box$ securities $\Box$ other
Credit card type   Exp. dat number (3 digit in the bac	
Credit card number	
Authorized signature	
Gift will be matched by (com	npany/family foundation)
$\Box$ form enclosed $\Box$ form will	be forwarded
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## Walk Off Parkinson's Registration Information

□ I will attend Walk Off Parkinson's on October 2nd at Shirley Povich Field Baseball Stadium and understand that those who raise more than \$125 receive a t-shirt. My t-shirt size is \_\_\_\_\_\_.

 $\Box$  Unfortunately, I am unable to attend.

 $\Box$  I would like to help raise funds so PFNCA meets its goal for Walk Off Parkinson's.

- $\Box$  I will send out letters/postcards/emails on my own, or
- $\hfill\square$  Please contact me to assist me with fundraising.

Please make checks payable to PFNCA and mail to:

PFNCA – Walk Off Parkinson's 3570 Olney Laytonsville Rd #490 Olney, MD 20830