

# OFFLINE DONATION FORM

This printable form is available for participants to accept donations and pledges offline. Please fill out all the blank spaces and make sure that the participant you are sponsoring is listed correctly to be sure that the money is applied to their fundraising goal. See [www.moveitwalk.dojiggy.com](http://www.moveitwalk.dojiggy.com) for more information on this event.

## Support the Move It! Awareness Walk Saturday, May 18, 2019, The Grand Park at Market Commons

My Donation/Pledge is Sponsoring (participant or team name): \_\_\_\_\_

Donor Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

### PAYMENT INFORMATION:

Enclosed is my check in the sum of \$ \_\_\_\_\_

Please make check(s) payable to: **Parkinson Association of the Carolinas**

Please charge my donation to:

**Check one:**  Visa  Mastercard  AMEX  Discover

Check (Check number: \_\_\_\_\_)

Credit Card Number: \_\_\_\_\_

Name (As it appears on credit card): \_\_\_\_\_

Expiration Date: \_\_\_\_/\_\_\_\_ SEC code \_\_\_\_\_

**Please Note:** The address above must match the address that is associated with your credit card.

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

Please mail this form and your check(s) to:

**Parkinson Association of the Carolinas**  
**2101 Sardis Road North, Box 15, Charlotte, NC 28227**