



WALK IN THE PARK

ALBANY NY  APR 29, 2018

11:00 a.m. at Washington Park

Walker's Name

Team Name

Please write your name and team name in the memo portion of each check to ensure proper credit. If you have multiple pages, please label each page.

Proceeds to benefit the Parkinson's Research Fund at Albany Medical Center.

Please complete 1 entry per donation. Include donor name, complete mailing address, email address for donor acknowledgment, donation amount, and indicate cash *or* check and check number. This form must accompany donations. **MAKE ALL CHECKS PAYABLE TO HOPE SOARS.**

Walker Donation Information

Donor's Name	Address	Email Address	Donation Amount	Cash/Check #	Collected
Example: <i>Mary Walker</i>	<i>1111 Main St., Anytown, ST 12345</i>	<i>marywalker@yahoo.com</i>	<i>25.00</i>	<i>Check #1234</i>	<i>✓</i>
YOUR OWN PLEDGE					

Total

The mission of **Hope Soars** is to be a positive voice for the Parkinson's community, and to tirelessly work towards a cure. Hope Soars is proactive in providing education, programs and support through local and national resources. Visit www.hopesoars.org for more information.