



ADVENTURE RACE FOR PARKINSON'S

Donation Form

APDA ADVENTURE RACE FOR PARKINSON'S SEPTEMBER 30, 2017

Thank you for your generous donation! Your contribution will help the American Parkinson Disease Association, Northwest Chapter to serve more people affected by this movement disorder and encourage efforts to find a cure.

Company: _____

Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____ **Email:** _____

Donor Signature (required): _____

Please fill out form completely to ensure proper acknowledgment.

Cash contribution in the amount of \$ _____

In-kind contribution, complete information below:

Pick-up Instructions (or item attached)	Description of Donated Item	Fair Market Value

MAKE CHECKS PAYABLE TO: APDA

RETURN COMPLETED FORM TO: Email: info@adventureraceforparkinsons.org

Mail: APDA Northwest Adventure Race for Parkinson's
 150 Nickerson Street, Suite 100, Seattle, WA 98109

Solicited/Received By: _____ Date: _____

Tax ID: 13-1962771

NORTHWEST CHAPTER

150 Nickerson Street, Suite 100, Seattle, WA 98109 | 206-695-2905 | www.apdaparkinson.org/Northwest