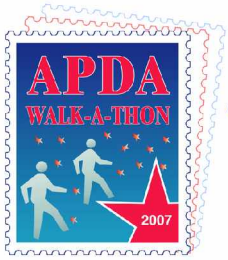

"STAMP OUT" PARKINSON'S DISEASE

Registration Form

online form

Your Name:_____ Address: _____

City: _____ State:_____ Zip: _____ Phone: _____

Date of walk: Saturday, April 28, 2007 Location of walk: Palisades Park in Santa Monica

☐ I would like to walk in memory of: _____

☐ I would like to walk in honor of: _____

☐ I will be unable to walk, but would like to contribute. Enclosed is my donation of $ _____

Sponsor's Name	Address	City/State/Zip	Phone	Amount Donated
sample: Elizabeth Jones	567 Cliff Road	Malibu, CA 90265	310-555-1234	$25

YOU MAY PHOTOCOPY THIS FORM IF YOU NEED MORE SPACE FOR SPONSORS

☐ Continued on separate sheet

Make checks payable to:
"APDA Greater Los Angeles Chapter"

Bring this form with you to the event or mail to:

APDA Greater Los Angeles Chapter
10850 Wilshire Blvd., Suite 730
Los Angeles, CA 90024

or call (800) 908-2732

APDA, Inc. is a 501(c)3 organization. Tax ID: 13-1962771
Your donation is tax deductible to the extent allowed by law.

Total Sponsor Donations Collected $_____

Personal Donation $_____

Total $_____

THANK YOU FOR YOUR SUPPORT !

Waiver: I hereby waive all claims against The American Parkinson Disease Association, Inc., sponsors or any personnel for an injury I might suffer at this event. I grant full permission for organizer to use photographs of me in the legitimate accounts and promotions of this event.