



Donor Advised Gift Designation Form

When making a gift through a Donor Advised Fund, the account holding organization may not share your information with us. Please fill out the information below to inform us of your gift so we can thank you for your generosity and provide tax acknowledgment documentation.

Foundation/Organization Issuing your donation: _____

Donation Amount: \$ _____

Your Information:

First Name _____ Last Name _____

Address _____ Apt/Suite No. _____

City _____ State/Province _____ Zip _____

Email _____ Phone _____

Donation Designation: _____

Is this a tribute gift? In memory of In honor of Name: _____

Please send an acknowledgment card for this donation to:

Name _____

Address _____

City _____ State _____ Zip _____

Gift matching:

Many companies match charitable donations made by employees, employees' spouses, and retirees. Visit Parkinson.org/MatchingGifts to find out if your company is eligible or ask your Human Resources department. Submit completed forms to MatchingGifts@Parkinson.org.

I am interested in matching this gift through my employer.

Company Name _____

Submit your completed form by mail or email:

Parkinson's Foundation
200 SE 1st Street, Suite 800
Miami, FL 33131

Email: DonorServicesGroup@Parkinson.org