Trailblazer Sponsor Form

Walker Name _____

- Please make checks payable to Hope Parkinson Program and add the walker's name to the memo line of your check.
- Payments can be mailed to: 9470 HealthPark Circle, Fort Myers, FL 33908 or ask your walker if he/she has pre-paid Hope envelopes.
- To contribute by credit card visit: https://donate.hopehcs.org/trailblazer
- Trailblazers must provide all collected donations on or before April 6, 2019.

WALK 4 HOPE
PARKINSON PROGRAM
April 6, 2019

Sponsor Name	Mailing Address*	Amount Donated

All donations are tax deductible.
*Name and address must be legible to receive acknowledgement of donation.