

Name _____

Address/Street _____

City _____ State _____ Zip _____

Phone # _____ Mobile # _____

Email: _____

WHY I AM INTERESTED IN PD ACTIVE:

I have Parkinson's. (Optional) I was diagnosed in (year) _____ at age _____

I am a partner *or* other family member *or* Caregiver/care-partner of a person with Parkinson's

(Name of person with Parkinson's) _____

I WANT TO LEARN MORE ABOUT PD ACTIVE'S PROGRAMS: (Please check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Support Group | <input type="checkbox"/> Young Onset Group |
| <input type="checkbox"/> Care Partners Support Group | <input type="checkbox"/> Forum |
| <input type="checkbox"/> Mark Morris Dance for PD | <input type="checkbox"/> Tremolos (singing group) |
| <input type="checkbox"/> Yoga for PD | <input type="checkbox"/> Hula |
| <input type="checkbox"/> Parkinson's Café | <input type="checkbox"/> Heart Circle |
| <input type="checkbox"/> Salon | |

I WANT TO VOLUNTEER (Please check all that apply)

- Contact me about all volunteer opportunities
- I have skills to offer accounting/bookkeeping events/event planning graphic design
- legal IT/computers social media other _____

Please contact me by Phone Mobile Email Text

Best times to reach me: _____

I AM DONATING TODAY \$25 \$75 \$250 \$500 Other \$ _____

Send completed form to: PD Active PO Box 9246 • Berkeley, CA 94709

Visit us at www.pdactive.org or call (510) 479-6119