

## Exercise Reimbursement Request

TO:	Mary Westfall, Treasurer
FROM:	
DATE:	

Please accept my request for reimbursement for exercise based on the following information:

Name of Person with PD:		
Date	<u>Time</u> From To	Exercise Instructor

- ☐ I have attached receipts for services provided for the dates indicated.  
*Reimbursement will not exceed \$300 per member per calendar year.*
- ☐ I certify that I am a current member of the Parkinson's Support Group of Green Valley.

Mail to: Parkinson's Support Group  
PO Box 714  
Green Valley, AZ 85622

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City State Zip Code