PLEDGE FORM

First Name: _____ Last Name: _____

I am participating in the **DSF Steps Toward A Cure** walk at _____ on _____,_____ 2011.

Thank you for your support! All proceeds will benefit the Dravet Syndrome Foundation, a non-profit organization dedicated to aggressively raising research funds for Dravet syndrome and related conditions. The DSF also provides support to affected children and their families. Checks and cash are acceptable. Please make checks payable to the Dravet Syndrome Foundation. If you prefer to pay by credit card, please visit our event website at **www.dsfsteps.org**

All donations are tax-deductible (Tax ID #27-0924627).

Name	Address	Amount	Type	Send receipt?
Ex. John Smith	*123 Main St. Monroe, CT 06468*	*$50*	*Check*	*Yes*

Participants: All pledges/donations should be collected prior to your event. Please bring this form, along with the funds you have collected, in an envelope with your name written on it. It will be collected at registration.

Dravet Syndrome Foundation
11 Nancy Drive, Monroe, CT 06469
203-880-9456/ www.dravetfoundation.org