



First Name: _____ Last Name: _____ Email: _____

I am participating in the **DSF Steps Toward a Cure event** at _____ on _____

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. Thank you!

All proceeds benefit the Dravet Syndrome Foundation (DSF), a non-profit organization dedicated to aggressively raising research funds for Dravet syndrome and related intractable childhood epilepsies, while providing support to affected patients 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 www.dravetfoundation.org.

All donations are tax-deductible (Tax ID #27-0924627). **Thank you for your support!**

Name	Address	Amount	Type	Check #	Email	Send receipt?
<i>Ex. John Smith</i>	<i>123 Main St, West Haven, CT 06516</i>	<i>\$50</i>	<i>Check</i>	<i>#555</i>	<i>john@gmail.com</i>	<i>Yes</i>

Dravet Syndrome Foundation
 PO Box 3026, Cherry Hill, NJ 08034
www.dravetfoundation.org

Questions? Contact: misty@dravetfoundation.org