#giveupyourcup

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Dravet Syndrome Foundation First Name:_____Email:_____Email:_____

I am participating in the DSF's GIVE UP YOUR CUP campaign throughout the month of March!

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

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

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

Questions? Contact: misty@dravetfoundation.org