



# Dravet Syndrome Foundation

**Yes! I/We will support Dravet Syndrome Foundation!**

## Your Gift

Total: \$ \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

This gift is in (check one) ***honor*** ***memory*** of: \_\_\_\_\_

May we inform the honoree or family member of your gift?  Yes  No

If yes, please indicate the recipient's contact information:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

I/We wish to give this gift anonymously.  Yes  No

Please make checks payable to: ***Dravet Syndrome Foundation***