

MARCH IS EPILEPSY AWARENESS MONTH



Join the **#PurpleNation**
and support Epilepsy Awareness Month!

Pledge Form



Name: _____
Address: _____
Phone number: _____

Instructions

Please complete your pledge form, collect your money and drop off at Epilepsy Southwestern Ontario. If a pledge is over \$20, the sponsor must include their complete address to receive a tax receipt. Please ensure all cheques are made payable to Epilepsy Southwestern Ontario.

Sponsor's Name	Sponsor's Address	City	Postal Code	Amount Pledged	Amount Received

For questions or more information, go to epilepsyswo.ca or call us at 519-433-4073

Total Amount Pledged	\$	Total Amount Received	\$
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