Pledge Form

All walkers are encouraged to collect their sponsors' donations in advance and bring them to the Stroll. **This form is for your use only.** Please keep it so you may thank your sponsors.

Name of Stroller ______________________________

Team Name ______________________________

Sponsor Name	Sponsor Address	Donation
COMPANY MATCHING DONATION	Please include necessary forms or information *Total	

Raising a minimum of $100 entitles you to a Summer Stroll for Epilepsy™ Commemorative Shirt.

Please make all checks payable to Epilepsy Foundation of Michigan.

* $40.00 Minimum

For additional pledge forms, please log on to www.epilepsymichigan.org.