

PURPLE WALK 2020 PLEDGE FORM



Name: _____

Team Name(if applicable): _____

PURPLE WALK FOR EPILEPSY 2020 - Saturday, June 13, 2020

| NAME | STREET ADDRESS | CITY | POSTAL CODE | TELEPHONE / EMAIL | AMOUNT PLEDGED | CASH / CHEQUE | COLLECTED Y/N |
|------|----------------|------|-------------|-------------------|----------------|---------------|---------------|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

***Please note that all the donors should have a full address in order to receive tax receipt*

Please return form to
Epilepsy Toronto, 468 Queen Street, Suite 210, Toronto, ON M4E 3H8
Tel.: 416.964.9095 E-mail: walk@epilepsytoronto.org