# It’s time for the Annual **EFVA2016** Epilepsy Awareness Stroll

**NOVEMBER 5 AT 2 p.m. DOWN TOWN MALL**

Participant Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dear Potential Sponsor,

I am participating in the **EFVA** Awareness Stroll. All proceeds will help fund **medication assistance, summer camps and client programs**. Make checks payable to **EFVA**. All contributions are tax-deductible.

Thank you!

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|  | Name of Sponsor |  Email Address | Amount Collected from Sponsor |
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### Parents walking with childParticipants:

To reach our goal, we hope that each participant finds 10 sponsors.

Please send forms and money to EFVA, P.O. Box 800754 UVA HS Center Charlottesville, VA 22908