2009 Change the Face Race 5k Run&Walk

THE AMERICAN Epilepsy Outreach FOUNDATION

Pledge Sheet

Pledge Donor Name	Address	Phone	E-mail	Amount pledged

Participant Name _____ Team Name _____

Please check to see if your company or your supporters' company has a matching gift program. Attach additional copies for pledges as needed. Mail all pledges to AEOF, PO Box 31078, Chicago, IL 60631. You can also submit pledges at the registration tent on race day. If you are interested in personalizing your own pledge web page to send to friends visit www.epilepsyoutreach.org