

MY PLEDGE OF SUPPORT

- \$1,000 SMALL NEURON**
SPACE FOR 27 CHARACTERS · RESERVED FOR FAMILIES
- \$5,000 MEDIUM NEURON**
DEDICATION ALLOWS SPACE FOR 33 CHARACTERS
- \$10,000 LARGE NEURON**
DEDICATION ALLOWS SPACE FOR 35 CHARACTERS

I WOULD LIKE THE FOLLOWING
WORDING ON MY NEURON

EXAMPLES OF PERSONALIZATION

- THE GIROUX FAMILY
- IN MEMORY OF DAVID GRAY
- IN HONOR OF GRACE PENWELL
- THE BOLDT COMPANY

Generous underwriting by The Boldt Company means 100% of your donation goes to fund epilepsy research at UW-Madison.



**lily's
fund**
FOR EPILEPSY RESEARCH

Lily's Fund is a local all-volunteer organization whose mission is to raise awareness of epilepsy and to raise funds for cutting-edge epilepsy research at the University of Wisconsin—Madison.

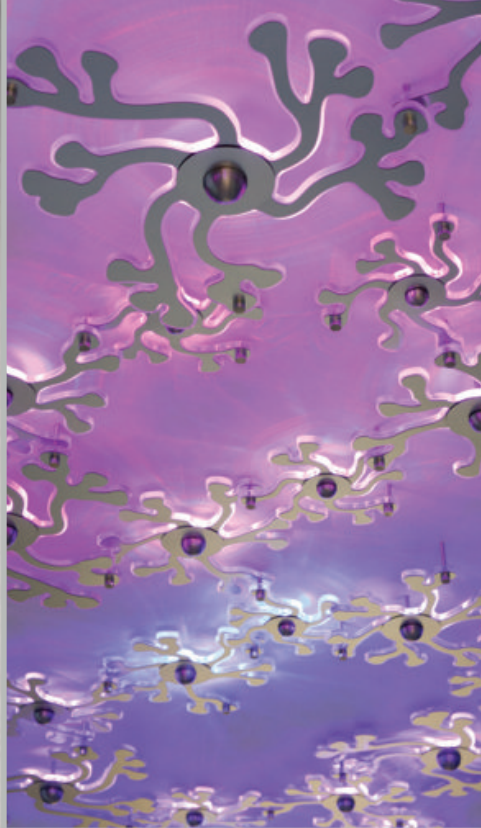
Please join us at www.lilysfund.org.



BOLDT[®]

DID YOU KNOW? 1 in 26 of us will develop epilepsy in our lifetime. Look around and you will see a friend, a brother, a veteran, a grandmother, a teenage girl named Lily...all who live with seizures.

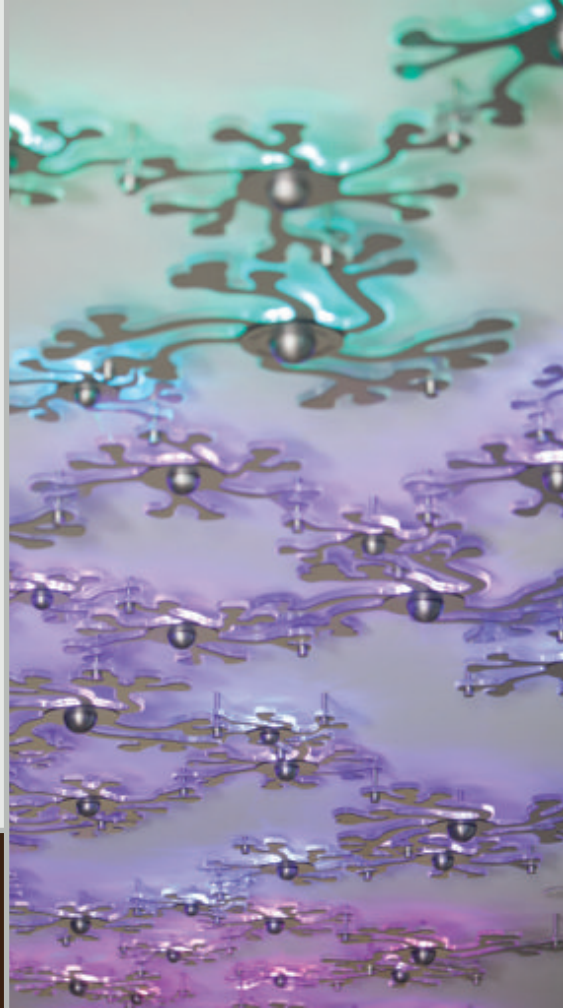
THE NEURON PROJECT
CONNECTING PEOPLE, ART AND SCIENCE.



More people suffer from epilepsy than multiple sclerosis, cerebral palsy, muscular dystrophy and Parkinson's disease COMBINED. Epilepsy research receives less funding than any one of these.

To raise significant funds for epilepsy research at UW-Madison, Lily's Fund is offering the opportunity for businesses, families, and individuals to be part of a contemporary art installation at the Wisconsin Institutes of Medical Research (WIMR). This network of illuminated neurons symbolizes the pathways of the brain, as well as the growing community of people working to increase awareness and raise hope.

All neuron sponsors will help underwrite critical epilepsy research. Some will take the opportunity to honor people who live with epilepsy. All will help shine a light on the need for a cure.



THE NEURON PROJECT

CONNECTING PEOPLE, ART AND SCIENCE.

NAME _____

STREET ADDRESS _____

CITY/STATE/ZIP _____

EMAIL _____

PHONE _____

Enclosed is my payment in full,
payable to *Lily's Fund - The Neuron Project*.

I pledge \$ _____ .
I'd like to divide my payments evenly over _____ years,
beginning in the month of _____ , 20 ____ .

*For a secure online credit card transaction, go to
www.supportuw.org/giveto/lilysfund*

Charge my gift of \$ _____ to my credit card.

CARD NUMBER _____ EXPIRATION _____

NAME ON CARD _____

SIGNATURE _____ DATE _____

Please return completed form to

Lily's Fund for Epilepsy Research
c/o Anne Morgan Giroux
2526 Norwood Place
Madison, WI 53726

Questions?
Contact us at
608-446-6052
lilysfund@gmail.com