

# DONATION FORM



Kindly print clearly. Mail the completed form along with your cheque or credit card information to:

**Epilepsy Canada, 2255B Queen St E, Suite 336 Toronto, ON, M4E 1G3**

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*I would like to make a gift to Epilepsy Canada to support epilepsy research.*

**Donation Amount:**

\$35  \$100  \$250  \$500  \$1,000  Other: \_\_\_\_\_

**I would like a tax receipt sent to:** Name \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

**I would like to make my donation in memory of**  **in tribute**

(Name) \_\_\_\_\_

Please send an acknowledgement card on my behalf to: Name \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

**Please fill in your credit card information below**

Payment Method: Visa/MasterCard/American Express

Card Number: \_\_\_\_\_

Expiry Date: Mo \_\_\_\_\_ Year \_\_\_\_\_

Signature: \_\_\_\_\_

Tax receipts are issued for donations of \$15 plus.

*Thank you!*