

Donation Form

Kindly print clearly. Mail the completed form along with your cheque or credit card information to:
Epilepsy Canada, 3250 Bloor Street West, East Tower, Suite 600, Toronto Ontario M8X 2X9

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

Donation Amount:

\$35 \$100 \$250 \$500 \$1000 Other: _____

I would like a tax receipt for:

Name: _____

Address: _____ City: _____

Province: _____ Postal Code: _____

Email: _____ Phone: _____

I would like the tax receipt by: Email or by Mail

I would like to make my donation in memory of or in tribute Special Occasion: _____

Name: _____

Please send an acknowledgement on my behalf to:

Name: _____

Address: _____ City: _____

Province: _____ Postal Code: _____

Email: _____ Phone: _____

Please send an acknowledgement by: Email or by Mail

Please fill in your credit card information below OR Cheque enclosed

Payment Method: Visa/MasterCard/American Express

Card Number: _____

Expiry Date: Month _____ Year _____ CSC# _____

Signature: _____

Thank You!

Registered Charity: #13117 6042 RRR0001. Contributions are tax deductible to the extent permitted by law
Tax receipts are issued for donations of \$20 plus.