

DONATION FORM



Kindly print clearly. Mail the completed form along with your cheque or credit card information to: **Epilepsy Canada, 21-25 Valleywood Drive, Markham Ontario, L3R 5L9**

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** **Special Occasion:** _____

Name: _____

Please send an acknowledgement card on my behalf to: Name _____

Address: _____ City: _____

Province: _____ Postal Code: _____

Personal Message (if any):

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!

Registered Charity: #13117 6042 RR0001. Contributions are tax deductible to the extent permitted by law.