

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 \$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 _____ CSC# _____

Signature: _____

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

Occasionally we make our donor list available to other reputable charities whose work may interest you. If you do not wish to make your personal information available please check this box.

Thank you!

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