

  
**Edmonton Epilepsy Association**  
*The Epilepsy Association of Northern Alberta*

**DONATION FORM**

*Your Donation will help us provide the numerous and diverse programs and services that both educate the general public about epilepsy and support individuals who live with the condition.*

***Your financial support is much appreciated.***

Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

E-mail: \_\_\_\_\_

Please make the charitable tax receipt to: \_\_\_\_\_

I would like to make a donation of \$\_\_\_\_\_ to support the work of the Edmonton Epilepsy Association.

Is this a Memorial Donation?     Yes     No

If "Yes", the donation is in memory of \_\_\_\_\_

Recognition of the donation should be sent to:

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Postal Code \_\_\_\_\_

**PAYMENT OPTIONS**

Debit my VISA\_\_\_ Master Card\_\_\_ American Express\_\_\_

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

Expiry Date: \_\_\_\_\_ (mm/yy)

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

Or

Cheque enclosed (payable to Edmonton Epilepsy Association)

Please Print this form and send it to:

Edmonton Epilepsy Association  
11215 Groat Road NW, Edmonton, AB T5M 3K2  
Phone: 780-488-9600 Fax: 780-447-5486