



**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.**

### PAYMENT OPTIONS

Debit my VISA\_\_\_\_ Master Card\_\_\_\_ American Express\_\_\_\_  
Card Number \_\_\_\_\_  
Expiry Date: \_\_\_\_\_  
Signature: \_\_\_\_\_

Or

Cheque enclosed (payable to Edmonton Epilepsy Association)

Please Print this form and send it to:  
Edmonton Epilepsy Association  
11007-124 Street Edmonton, AB T5M OJ5  
Phone: 780.488.9600 Fax: 780.447.5486