


Edmonton Epilepsy Association

MEMBERSHIP and DONATION FORM

Date: _____ New Member Renewal
Name _____ Address _____
City _____ Province _____ Postal Code _____
Home Phone # _____ Work Phone # _____ Cell # _____
Email _____

MEMBERSHIP FEE

\$15

DONATION

I'd also like to make a donation to support the work of the Edmonton Epilepsy Association. Enclosed is:
\$25 \$50 \$75 \$100 other amount \$ _____

PAYMENT OPTIONS

- VISA: Card Number _____
Expiry Date _____ Signature _____
- MasterCard: Card Number _____
Expiry Date _____ Signature _____
- AMEX: Card Number _____
Expiry Date _____ Signature _____
- Cheque enclosed

IMPORTANT INFORMATION – PLEASE READ CAREFULLY!

PRIVACY

Edmonton Epilepsy Association respects your right to privacy. Our membership list is not shared with any other organization. As a member or donor, we are pleased to provide you with information on epilepsy, as well as upcoming activities and events via newsletters, notices and other mail items or by telephone, by staff and/or volunteers of the Edmonton Epilepsy Association.

I do **NOT** wish to be provided with information on epilepsy, as well as upcoming events or activities of the Edmonton Epilepsy Association.

Signature

Date

DONOR RECOGNITION

We will be thanking all of our donors, within donation categories, in our Annual Report (as well as other materials produced by the Edmonton Epilepsy Association), which will be distributed to members, funders and those interested in supporting our agency. If you do not wish to have your name included, please check the box below.

I do **NOT** wish to have my name included in the donor thank you section of next year's Annual Report or any other materials produced by the Edmonton Epilepsy Association.

Signature

Date

**Please return with payment to:
EDMONTON EPILEPSY ASSOCIATION
11007 – 124 Street Edmonton AB T5M 0J5
Phone 488-9600 Fax 447-5486**