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
9915 148 STREET EDMONTON ALBERTA T5N 3G1
Phone: 780-488-9600 Fax: 780-447-5486