



Epilepsy Toronto DONATION FORM

Memorial Donation

Please print this form and send it along with your cheque or credit card payment to:

Epilepsy Toronto
468 Queen Street East, Suite 210
Toronto, ON
M5A 1T7

I would like to make a memorial donation to Epilepsy Toronto in the name of (deceased):

relationship to you: _____

Gift Amount: \$25 \$50 \$75 \$100 Other _____

Method of payment: Cheque VISA Mastercard

Card number: _____ Expiry date: _____

Signature: _____ **Tax receipts provided*

Donor Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Phone: _____ E-mail: _____

Please acknowledge this donation to:

Name: _____

Address: _____