

DONATION FORM

All donations of \$20 or more are eligible for a tax receipt
Monthly gifts will be receipted at the end of the year.

Please include your name, street address and email to ensure you receive your receipt

Donor Information

Name _____
Street address _____
City, Prov Postal Code _____
Phone Number _____
Email _____

Donation Information

Here is my one time gift in the amount of:

\$25 \$35 \$50 \$75 \$100 \$200 Other \$ _____

I would like to make a monthly donation of:

\$10 \$15 \$20 \$25 \$50 \$100 Other \$ _____ Starting on the 15th of ____/____

My cheque is enclosed (payable to Epilepsy South Central Ontario)

OR charge to my Credit Card: VISA MASTERCARD AMEX

Credit card number _____

Credit card expiry _____

Name on card _____

Signature _____

Acknowledgement Information

Gift in Honour/Memory of: _____

Acknowledgement to be sent to: _____

Message on card: _____