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Brantford: 226-227-2193 / Hamilton: 289-639-8393

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K-W Guelph: 519-745-2112

[EpilepsySCO.org](http://EpilepsySCO.org) Charity # 80288 6218 RR0001

## 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 *(for tax receipt purposes)*

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City - Prov - Postal: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

### Donation Information

I would like to make a one-time donation in the amount of:

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

I would like to make a monthly donation starting on the 15th of \_\_\_\_\_ /20\_\_\_\_

\$10    \$15    \$20    \$25    \$50    \$100   Other \$ \_\_\_\_\_

Cheque is enclosed *(payable to: **Epilepsy South Central Ontario**)*

Charge my Credit Card:  VISA    MASTERCARD    AMEX

Credit card number: \_\_\_\_\_ Credit card expiry: \_\_\_\_/\_\_\_\_ CVV #: \_\_\_\_\_

Name on card: \_\_\_\_\_

Signature: \_\_\_\_\_

### Acknowledgement Information

I am making a gift in  Honour  Memory of:

Acknowledgement to be sent to: \_\_\_\_\_

Street Address: \_\_\_\_\_

City - Prov - Postal: \_\_\_\_\_

Message on card: