

## **DONATION COLLECTION FORM**

Participant's Name:			ream Name (ir applicable):		
Participant's Phone:			Participant's Email:		
Donor Name* (First & Last)	Donor Mailing Address*	City, State, Zip*	Email Address*	Amount (\$)*	Sponsor Donation Paid By
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INSTRUCTIONS • Make CHECKS payable to: Epilepsy Foundation, and note: Event Name & Participant/and or Team's Name • Mail to: Epilepsy Foundation c/o Stream for Epilepsy, PO BOX 96356, Washington, DC 20090-6356• Make CREDIT CARD donations online at streamforepilepsy.com • The Epilepsy Foundation is a registered 501(c)(3) nonprofit, Tax ID 52-0856660 • Donations are tax deductible as allowed by law • Fields with an \*asterisk\* are required to receive a tax receipt • If you are planning to mail in donations prior to the event, please note that you must mail them at least 1 month prior to the event to appear on your Fundraising Page. Otherwise, they will appear on your Fundraising page post-event.

For more information, visit streamforepilepsy.com or email <u>stream@efa.org</u>. For questions about the organization or epilepsy, visit epilepsy.com.

**THANK YOU!**