



Off-line Donation Form

For funds collected by check or cash please fill out this form and send back to the Epilepsy Foundation. **Please do not send cash!** For cash donations, please write a personal check for the amount and list the donor's name on the form for credit and registered participant's name on the memo line of the check.

Please make checks out to: Epilepsy Foundation

Donor's Information:

Name	
Company Name	
Address	
City State Zip	
Country	
Phone	Email

- ☐ Amount: _____
- ☐ For campaign: _____
(add your fundraising page name here)
- ☐ My gift is eligible for a matching donation from my employer

Mail your completed form to:

Epilepsy Foundation
c/o Fundraise Your Way
3540 Crain Highway, Ste 675
Bowie, MD 20716