



## 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:

<b>Name</b>	
<b>Company Name</b>	
<b>Address</b>	
<b>City State Zip</b>	
<b>Country</b>	
<b>Phone</b>	<b>Email</b>

- Amount: \_\_\_\_\_
- For campaign: \_\_\_\_\_  
*(add your campaign page name here)*
- My gift is eligible for a matching donation from my employer

### Mail your completed form to:

Epilepsy Foundation  
c/o Celebrate a Loved One  
3540 Crain Highway, Ste 675  
Bowie, MD 20716