



EPILEPSY YORK REGION

We Care... We Can Help!

DONATION FORM

NAME: _____

ADDRESS: _____

CITY: _____ PROVINCE: _____ POSTAL CODE: _____

PHONE: _____ (HOME) _____ (BUSINESS)

E-MAIL: _____

I WOULD LIKE TO MAKE A DONATION:

- \$25.00
- \$35.00
- \$50.00
- \$100.00
- OTHER: _____

Please charge my: VISA MASTERCARD AMERICAN EXPRESS

Card Number: _____ Expiry Date (mm/yy): _____

Name on Card: _____ Signature: _____

My cheque is enclosed. (Please make cheques payable to **Epilepsy York Region**)

Charitable receipts will be issued for all donations of \$10.00 or more.
Charitable Registration Number: 86673 7208 RR0001



Please return this form to:

Epilepsy York Region
Loyal True Blue and Orange Home
11181 Yonge Street, Richmond Hill, ON L4S 1L2

Telephone: (905) 508-5404 • Fax: (905) 508-0920 • Web Site: www.epilepsyork.org