epilepsy durham region

CORPORATE DONATION FORM

Programs and services are made possible in part by the generous donations from people like you. In fact, current and future donations to Epilepsy Durham Region will allow us to continue with crucially needed support for those experiencing seizures. Your corporate donation today will provide a direct and lasting impact for years to come.

Please complete this form and enclose with your memorial donation. Cheques can be made payable to **Epilepsy Durham Region**. Donations of $20.00 or more will receive an income tax receipt.

Name: _____ Position: _____

Company Name: _____ Signature: _____

Street Address: _____

City/Town: _____ Postal Code: _____ Phone: _____ Ext: _____

Email Address: _____ Number of Employees: _____

We, _____ would like to make the following donation:
COMPANY NAME

☐ One time donation of $ _____

☐ An Annual donation of $ _____ for _____years

Epilepsy Durham Region to support:

☐ Thinking About Epilepsy ☐ Pediatric Management Program

☐ Other (please specify): _____

On behalf of those touched by Epilepsy in Durham Region, thank you for your donation.

For Office Use Only

☐ Receipt number: _____

☐ Receipt sent to Donor on: _____