

MEMORIAL 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. By honouring your love one, you help us make real impact on lives in Durham Region.

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.

First Name: _____ Initial: _____ Last Name: _____

Street Address: _____ Unit #: _____

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

Email Address: _____

I am making a donation of \$ _____ to support Epilepsy Durham Region in memory of:

First Name: _____ Last Name: _____

Please send the acknowledgement card to:

First Name: _____ Last Name: _____

Street Address: _____ Unit # _____

City/Town: _____ Postal Code: _____

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

For Office Use Only

- Memorial Card Sent
- Receipt number: _____
- Receipt sent to Donor on: _____