



# 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: \_\_\_\_\_