

## Memorial Donation Form

Programmes 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**.

First Name: \_\_\_\_\_ Initial: \_\_\_\_\_

Last Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ Unit#: \_\_\_\_\_

City/Town: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone: \_\_\_\_\_

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

Please send the acknowledgement card to:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ Unit # \_\_\_\_\_

City/Town: \_\_\_\_\_ Postal Code: \_\_\_\_\_

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**For Office Use Only**

Memorial Card Sent       Receipt number: \_\_\_\_\_

Receipt sent to Donor on \_\_\_\_\_