



# GIFTS IN HONOR OR REMEMBRANCE

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Please mail this form to:  
Epilepsy Association  
2831 Prospect Ave.  
Cleveland, OH 44115

Donation Amount:  \$50  \$75  \$100  \$200  Other \_\_\_\_\_

Gift in  Memory  Honor of: \_\_\_\_\_

### Send an Acknowledgement to:

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Postal Code: \_\_\_\_\_

### Donor Information:

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone Number/Email \_\_\_\_\_

Please additionally send donation acknowledgement to the this address

### Payment Information:

We accept the following methods of payment:

Credit Card:

- Name as it appears on card \_\_\_\_\_
- Card Number \_\_\_\_\_
- Expiration Date \_\_\_\_\_ Billing Zip Code \_\_\_\_\_
- Security Code \_\_\_\_\_

Check: Please make check payable to the Epilepsy Association



## Epilepsy Association

Serving individuals in Northeast Ohio  
with seizure disorders

You are able to make your gift over the  
phone by calling (216) 579-1330

For more information please email:  
emiller@epilepsyinfo.org