



Gifts in Honor or Remembrance

Please complete the following

In Memory of ~or~ In Honor of

Name _____

Occasion of Honorarium _____

Please send acknowledgement to

Name: _____

Address: _____

City, State, Zip _____

My name is _____

My Address is _____

City, State, Zip _____

Day Phone or E-mail address _____

Please add me to your e-mail update list

Payment information

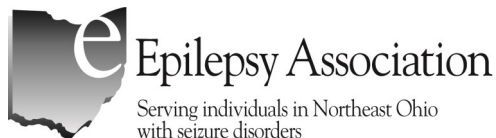
Gift Amount: _____ Name as it appears of credit _____

Credit Card Information : MasterCard Visa Number _____

Expiration Date _____ Security Code _____

Please make checks payable to the Epilepsy Association

Mail to the Epilepsy Association/ 2831 Prospect Ave /Cleveland, OH 44115



You are welcome to phone us at 216-579-1330 to make your gift.

Contact Email: info@epilepsyinfo.org / www.epilepsyinfo.org