



## National Walk for Epilepsy General Donation Form

For funds collected by check or cash please fill out this form and send back to the Epilepsy Foundation. **Please do not send cash!** For cash donations, please write a personal check for the amount and list the donor's name on the form for credit.

### Donor Information:

<b>Name:</b>			
Title	First	M.I.	Last
<b>Company Name:</b>			
<b>Address</b>			
<b>City State Zip</b>			
<b>Country</b>			
<b>Phone:</b>		<b>Email:</b>	

My gift is eligible for a matching donation from my employer

My gift is:

For Walk Participant: \_\_\_\_\_

For Team: \_\_\_\_\_

<b>Credit Card</b>	
Charge my credit card \$ _____	
<input type="checkbox"/> VISA	<input type="checkbox"/> MasterCard
<input type="checkbox"/> AMEX	<input type="checkbox"/> Discover
Card Number: _____	Exp. date _____
Name on card: _____	CVV # _____
Signature: _____	
<b>Check(s)</b>	
enclosed \$ _____	Check Number _____
Please make checks payable to: <b>National Walk for Epilepsy Foundation</b>	

### Mail your completed form to:

National Walk for Epilepsy  
Epilepsy Foundation  
8301 Professional Place  
Landover, MD 20785