



STRONGER TOGETHER

Annual Epilepsy Awareness Stroll
Saturday, May 17, 2014

Mail-In Donation Form

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Are you sponsoring an individual or team? If so, please provide the info below:

Individual Name _____

Team Name _____

Payment Method

CASH CHECK CREDIT CARD

If donating by credit card, please complete the entire section below:

Mastercard Visa Discover American Express

Credit Card # _____

Exp. Date _____ CVC # _____ Amount \$ _____

Name on Card _____ Signature _____

*In order to process credit card donations, we must have the billing address associated with the card

Mail completed forms and donations to:

You can also email/fax forms to:

EFNC
Attn: Stroll
155 Montgomery Street #309
San Francisco, CA 94104

Email: efnca@epilepsynorcal.org
Fax: 415-677-4190

Please contact us at 415-677-4011 with any questions.
Thank you for your support!