



23rd Annual Epilepsy Awareness Stroll
Saturday, May 16, 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 _____

Billing Address _____

City _____ State _____ Zip _____

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

Mail completed forms and donations to:

EFNC

Attn: Stroll

155 Montgomery Street #309

San Francisco, CA 94104

You can also email/fax forms to:

Email: efnca@epilepsynorcal.org

Fax: 415-677-4190

Please contact us at 415-677-4011 with any questions.

Thank you for your support!

TAX ID: #94-6128891