

Donation Form

I would like to support Australians Living with Epilepsy. Please indicate where applicable

* Please find enclosed my/our donation of \$.....

* Please find enclosed my/our donation of \$..... in Memory of or in Honour of

(their name)

Optional if you are making a donation on behalf of someone who has died OR if someone has asked for a donation to be made instead of a gift (i.e. in lieu of a birthday present) please complete these details below also.

Please notify:

Their Address:

Relation: Occasion for In-Lieu Gift:

Your contact details:

Title: First Name: Surname:

Company Name: Phone (bus):

Phone (hm): Mobile:

E-mail:@.....

Street No & Name:

Suburb: State: Postcode:

I would like to pay by cheque credit card

If paying by Credit Card please complete the following:

Visa MasterCard American Express Diners Club

Name on Card:

Card Number: ____ / ____ / ____ / ____

Expiry date (mm/yy): ____ / ____ Signature:

Please send me information on

Epilepsy Wills & Bequests Volunteering Community Fundraising

We welcome feedback on any matter that concerns our activities or epilepsy

I prefer that you do not contact me via Mail Email Phone