



Please complete and mail this form with your gift to the:
Epilepsy Foundation of Minnesota
1600 University Avenue West Suite 300
St. Paul, MN 55104

I would like to support the Epilepsy Foundation of Minnesota!

Gift Amount:

- \$25 \$50 \$100 \$200 \$500 Other \$ _____

I would like my gift to be used in the following way:

- Greatest Need
- Annual Keeper of the Flame Campaign
- Education & Awareness Programs
- Camp Oz
- Creative Arts Programs

Billing Frequency:

- One time gift
- Monthly
- Quarterly
- Annually

Please tell us more about your gift:

This is a joint gift from me and _____

This gift is on behalf of a company _____

This gift is on behalf of a foundation _____

I prefer to give anonymously My email address is _____

Donor Information:

Name _____

Address _____

City, State, Zip Code _____

Phone number _____

Payment Method:

Check

Credit Card Cardholder's Name _____

Credit Card

Number _____

Card Type _____

Card Expiration _____

Tribute Gifts:

This gift is made in honor of _____

This gift is made in memory of _____

Comments: _____

Acknowledgement of this gift should be sent to:

Name _____

Address _____

City, State, Zip Code _____