



DEPOSIT TICKET

Tax ID # 41-0874541

Walk Captain:	
Team Name:	
Walk City:	
Apply Gift to: Team	
☐ Team Member (Team	n Member's Name:)
Total Amount: \$	
Mail deposit to: 1600 University Avenue West, Suite 300 St. Paul, MN 55104	 Checks only — NO CASH Donors will receive a receipt for their donation. Your deposit will be credited within 5 business days.
EPILEPSY FOUNDATION	UNITED





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St. Paul, MN 55104

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