



2021 **UNITED IN EPILEPSY**
Regional Walks

DEPOSIT TICKET

Tax ID # 41-0874541

Walk Captain: _____

Team Name: _____

Walk City: _____

Apply Gift to: Team
 Team Member (Team 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.



2021 **UNITED IN EPILEPSY**
Regional Walks

DEPOSIT TICKET

Tax ID # 41-0874541

Walk Captain: _____

Team Name: _____

Walk City: _____

Apply Gift to: Team
 Team Member (Team 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.