

## PRINT & SEND DONATION FORM

Please mail your tax-deductible donation with this form to:

Epilepsy Alliance Louisiana  
4137 S. Sherwood Forest Blvd. Ste 210  
Baton Rouge, LA 70816



### Donor Information

Title: \_\_\_\_\_ First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

### Address Information

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Yes, I would like to receive online communications from Epilepsy Alliance Louisiana

### Gift Amount (please check one)

\$500     \$200     \$100     \$50     Other Amount: \_\_\_\_\_

### Payment Options

I have enclosed a check     I would like to charge my contribution

Card Type: \_\_\_\_\_ Card Number: \_\_\_\_\_

Card Exp (MM/YYYY): \_\_\_\_\_ Signature: \_\_\_\_\_

### Honor/Memorial Gifts

If you would like to make this contribution in someone else's honor, please let us know the honoree's name in the space below. If you would also like us to send them an acknowledgment, please include their address.

#### Honoree Information

Title: \_\_\_\_\_ First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

#### Honoree Address Information

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Country: \_\_\_\_\_

#### Honoree Message

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**Thank you for your help!** You will receive acknowledgment for tax purposes in the mail within two to four weeks.

Donations made through this offer represent a gift to Epilepsy Alliance Louisiana's entire mission. We use your gifts where they can do the most good by pooling them with gifts of others to help ensure that Louisianians with seizures are able to participate in all life experiences.

Epilepsy Alliance Louisiana is a 501(c)(3) non-profit recognized by the IRS.

For questions, comments, information or to donate by phone, call 1-800-960-0587