



We thank you for your support. Your contribution is tax-deductible.

Date: \_\_\_\_\_

Please PRINT all information clearly

Enclosed is my check in the amount of \$\_\_\_\_\_ payable to the Epilepsy Foundation of Georgia.

Name: \_\_\_\_\_

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

City/State/ZIP: \_\_\_\_\_

Home Phone (\_\_\_\_\_) \_\_\_\_\_  
*(Receipt will be sent to the address above.)*

**TYPE OF DONATION (please choose one):**

General Donation

Gift in memory of: \_\_\_\_\_  
*(name of deceased)*

**Send acknowledgement card to:**

Name: \_\_\_\_\_

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

City/State/ZIP: \_\_\_\_\_

*How should the card be signed?* \_\_\_\_\_  
*(name or names)*

Gift in honor of: \_\_\_\_\_  
*(name of individual)*

**Send acknowledgement card to:**

Name: \_\_\_\_\_

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

City/State/ZIP: \_\_\_\_\_

*How should the card be signed?* \_\_\_\_\_  
*(name or names)*

Please mail this form and your check to:  
**Epilepsy Foundation of Georgia**  
ATTN: Web Donor  
6065 Roswell Rd. #515  
Atlanta, GA 30328-4015