

Donation Form

Please email completed form to:
Epilepsy Ottawa
211 Bronson Ave., Suite 207
Ottawa ON K1R 6H5

*All donations of \$10 or more are eligible for a charitable tax receipt.
Please include your name and full mailing address to ensure you receive your receipt.*

First Name: _____ Last Name: _____
Email Address: _____ Phone: _____
Street Address: _____ Apt/Unit: _____
City : _____ Province: _____ Postal Code: _____

Here is my one time gift in the amount of:

\$25 \$35 \$50 \$75 \$100 \$200 Other: \$ _____

I would like to make a monthly donation of:

\$5 \$8 \$10 \$15 \$25 \$50 Other \$ _____

Starting on the 15th of ____/____
(Month) (Year)

My cheque is enclosed. (Please make payable to Epilepsy Ottawa.)

OR

Credit Card: VISA MASTERCARD AMERICAN EXPRESS

Card No.: _____ Expiry Date: _____

Name on Card: _____ CVV*: _____

Signature: _____

Comments: _____

Epilepsy Ottawa thanks you for your generous donation.

Sincerely,



Nikki Porter, PhD
Executive Director

* The CVV is the 3 digit security code on the back of your credit card near the signature line.