



Membership/Donation Form



Epilepsy Association of Calgary
 316, 4014 Macleod Trail S.E.
 Calgary, Alberta T2G 2R7
 Telephone: (403) 230-2764 ♦ Fax: (403) 230-5766 ♦ TOLL FREE: 1-866 EPILEPSY ♦ www.epilepsycalgary.com
 Charitable Registration # 11890 0778 RR0001

Please direct my support to:

Calgary **Central Alberta**

Enclosed is my donation of:

\$25.00 \$50.00 \$100.00 Other.....\$ _____

I would like to purchase a membership (annual memberships expire December 31)

Annual—\$20.00 Life—\$200.00.....\$ _____

Thank you for your donation!

TOTAL ENCLOSED \$ _____

Is this: A Memorial Donation In Honor of Someone

Name of Person: _____

Contact Name and Address for Acknowledgement: _____

Member Information:

Member Name: _____

Address: _____

City _____ Prov _____ PC _____

Telephone: () _____

E-Mail: _____

Please send me information about:

Volunteer Opportunities Support Services Community Education

Other (specify) _____

Payment Method:



Cheque

Money Order

Credit

Card Information/Authorization

Card Holder Name _____

Card # _____

Card Expiry ____/____

Signature _____

Information for Tax Receipt if Different from Member Information

Name: _____ Address: _____

City _____ Prov _____ PC _____ Telephone: () _____ E-Mail _____

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Do not publish my name in the Epigram/Annual Report Remove me from your mailing list

Name (please print) _____ Signature _____ Date _____