

Membership/Donation Form

Epilepsy Association of Calgary
 4112 - 4th St. N.W.
 Calgary, Alberta T2K 1A2
 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: _____

The Epilepsy Association of Calgary recognizes our donors in the Epigram Newsletter, and both donors and members in our annual report. If you do not wish to have your name published, or you no longer wish to receive our mailings, please indicate by signing and dating below or call us at (403) 230-2764.

Do not publish my name in the Epigram Newsletter/Annual Report

Remove me from your mailing list

Name (please print) _____ Signature _____ Date _____