



# 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

Canada Revenue Agency requires that the tax receipt be made out to person making the payment & that the contact information is fully completed.

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Do not publish my name in the Epigram/Annual Report  Remove me from your mailing list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