

# Donation Form

Today's Date: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Company Name: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Address: \_\_\_\_\_ Suite/ Apt #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_\_) \_\_\_\_\_

I would like to:

**Make a financial donation**



Amount \$ \_\_\_\_\_ Credit Card Number: \_\_\_\_\_

Exp. Date: \_\_\_\_\_ 3 – 4 Digit Security Code: \_\_\_\_\_

Billing Name & Address if different from above: \_\_\_\_\_

I authorize the charges referenced above and understand my card will be processed by the Epilepsy Foundation of FL. \_\_\_\_\_

Cardholder Signature

Cardholder Printed Name

Please make checks or money orders payable to the *Epilepsy Foundation of Florida* and send to the address below.

**Donate a Product or Service**

Please give a brief description of your donation: \_\_\_\_\_

Donation Value \$ \_\_\_\_\_

**Donate my time and or talents**

Please give a brief description of your donation: \_\_\_\_\_

*\*Shortly after your donation has been received, you will receive a letter from the not for profit, 501c3 organization reflecting your donation (for tax purposes).*

## 4 Ways To Submit Your Donation(s):

1. **Call** Danielle Duce at 1-904-993-2157
2. **Fax** this completed form to 1-904-880-2078
3. **E-Mail** this completed form to [Info@SeizureSupport.com](mailto:Info@SeizureSupport.com)
4. **Mail** this completed form to:  
Danielle Duce - C/O SeizureSupport.com  
3740 Kori Road, Suite # 6  
Jacksonville, FL 32257

*Thank You For Your Donation!*