

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
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!