

National Walk for Epilepsy 2018 Offline Donation Form

Donor Information			
First Name:	Middle Initial:	Last Name:	
Donor Listing Name (if different):			
Company Name:			
Address:			
City:	State:	ZIP:	
Email:		Phone Number:	
Fundraiser Information			
Walker Name:		Team Name:	
Special Message:			
Payment Information			
Donation Amount		<input type="checkbox"/> This gift is eligible for a matching donation from my employer. (Include form with donation if possible.)	
\$		Company:	
Credit Card #:	Exp. Date:	CVV Code:	
Check #:		Check Date:	
Please make checks payable to: National Walk for Epilepsy and write the Walker or Team name on the memo line.			
Signature:			Date:

Mail your completed form to:
 National Walk for Epilepsy
 Epilepsy Foundation
 8301 Professional PI E Ste 200
 Landover, MD 20785-2353

Tax ID#: **52-0856660**