



Walk to End Epilepsy - DC
 Saturday, April 27th, 2019
 Washington, DC
walkforepilepsy.org

2019 Walk to End Epilepsy – DC 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: Walk to End Epilepsy - DC and write the Walker or Team name on the memo line.			
Signature:			Date:

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

Tax ID#: **52-0856660**