



# DONATION COLLECTION FORM

Event Location (City, State):			
Participant's Name:		Team Name (if applicable):	
Participant's Phone:		Participant's Email:	

Donor Name* (First & Last)	Donor Mailing Address*	City, State, Zip*	Email Address*	Pledge/Per Mile (\$)	Maximum Pledge (\$)	Total Pledge Amount (\$)*	Flat Donation Amount (\$)*	Sponsor Donation Paid By
								<input type="checkbox"/> Check <input type="checkbox"/> Cash
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<b>TOTAL (\$) SUBMITTED:</b>								

**INSTRUCTIONS** ▪ Make CHECKS payable to: *Epilepsy Foundation*, and note: Event Name & Participant/and or Team's Name ▪ Mail to: Epilepsy Foundation, P.O. Box 96356, Washington, DC 20090-6356 ▪ Make CREDIT CARD donations online on the event website ▪ The Epilepsy Foundation is a registered 501(c)(3) nonprofit, Tax ID 52-0856660 ▪ Donations are tax deductible as allowed by law ▪ Fields with an \*asterisk\* are required to receive a tax receipt ▪ If you are planning to mail in donations prior to the event, please note that you must mail them at least 1 month prior to the event to appear on your Fundraising Page. Otherwise, they will appear on your Fundraising page post-event.  
**For more information, visit [walktoendepilepsy.org](http://walktoendepilepsy.org) or email [walkinfo@efa.org](mailto:walkinfo@efa.org). For questions about the organization or epilepsy, visit [epilepsy.com](http://epilepsy.com).**