

## Mail-In Donation Form

*Citizens United for Research in Epilepsy is exempt under Section 501(c)(3) of the Internal Revenue Code, making this gift tax deductible.*

### Donor Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

- YES, I would like to be added to your email list.  
 YES, I would like to be added to your mailing list.

### Tribute Information

- In Honor of    In Memory of

Tribute Name: \_\_\_\_\_

Please Notify (Name): \_\_\_\_\_

Send Notification To (Address): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email (if you prefer an email to be sent): \_\_\_\_\_

### Gift Information

- Enclosed is my gift in the form of check made payable to **CURE**  
 Please charge my credit card for \$\_\_\_\_\_ Card type: Visa / MC / AmEx / Discover (please circle one)

\_\_\_\_\_  
Cardholder's Name

\_\_\_\_\_  
Card Number

\_\_\_\_\_  
Expiration Date

Security Code \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please return this gift form to:  
**CURE**  
Attn: Kate Murphy  
PO Box 74008164  
Chicago, IL 60674-8164