



DONATION COMMITMENT

Contact Information

Name by which contribution is to be listed: _____

Primary Contact Name: _____

Company _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Commitment Level

- \$5,000 \$500
 - \$2,500 \$250
 - \$1,000 *Please accept this 100% tax-deductible donation*
- of \$_____ to Fund a CURE for epilepsy*

Payment Information

I have enclosed a check made payable to **CURE**

Please charge my credit card in the amount of \$_____ Card type: Visa / MC / AmEx / Discover

Cardholder's Name

Card Number

Signature _____ Date: _____

Please complete this form and return it via email or mail to:
MADLINE FELIPEZ – EVENTS COORDINATOR
Madeline.Felipez@CUREepilepsy.org | P.O. Box 10572, Chicago, IL 60610
(O) 312.626.1793 | (C) 847.337.9619 | (F) 312.255.1809