



## 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

☐ \$2,500

☐ \$1,000

☐ \$500

☐ \$250

☐ 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**

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