



Mail-In Donation Form

CURE 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 Epilepsy**
- 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 Epilepsy
PO Box 10572 Chicago, IL 60610**