



## 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

420 North Wabash Avenue | CHICAGO, IL 60611

T 312.255.1801 | F 312.255.1809

**CUREEPILEPSY.ORG**

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