Donation Form

Donor Name _____

Address1 _____

Address2 _____

City _____ State _____ ZIP _____

Phone No. _____ Email _____

Event Name (e.g. Marine Corps Marathon)_____

☐ In Support of _____
(list the name of the participant)

DONATION AMOUNT **$**_____

Check # _____
Please make check(s) payable to: Epilepsy Foundation

Send completed form and donation to:
Epilepsy Foundation
Attention: Athletes vs. Epilepsy
8301 Professional Place, East, Suite 200
Landover, MD 20785

Questions?
AVE@efa.org

Thank you for your support of the Epilepsy Foundation

Official Office Use Only Fund/Item Code: **40500-945-025**