

In Memorium Donation

YOUR DETAILS (A tax deductible receipt will be issued for donations made over \$2.00)

Title (eg Mr Mrs Ms Miss Dr): _____ First Name: _____ Surname: _____

Address 1: _____

Address 2: _____

Town/Suburb: _____ Post Code _____

Telephone: (____) _____ Fax:(____) _____

Email address: _____ Yes, I may be contacted by email

IN MEMORY OF _____

So that we can notify the family of your donation in memory of their loved one, please advise the following

Name: _____

Address 1: _____

Address 2: _____

Town/Suburb: _____ Post Code _____

PAYMENT DETAILS

My donation today is: \$100 \$50 \$30 Other \$ _____

Payment method: Credit Card Cheque* M/Order

Please debit my credit card:

Visa Bankcard Mastercard Amex Diners Expiry Date _____

Card No:

Cardholder's Name: _____

Signature: _____

* Please make out cheque/money order to Epilepsy Australia Ltd

I would like more information on:

- Donating regularly from my bank account or credit card by automatic debit
- Yes, please send me information on Wills and Bequests
- Mail me more information about epilepsy and the work of Epilepsy Australia

* **EPILEPSY AUSTRALIA**
* www.epilepsyaustralia.net
* **1300 852 853**

**Mail or fax form to: Donations, Epilepsy Australia PO Box 1049 Baulkham Hills NSW 1755
Fax: 02 9620 7087**