

# THE EPILEPSY FOUNDATION

of Victoria Incorporated

REG.NO. A0022674D

A member of **Epilepsy Australia** Australia's largest consumer led epilepsy organisation

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## Donation & Raffle Form

I would like to support Victorians Living with Epilepsy.

**\* Please find enclosed my/our gift of \$.....**

In Memory or in Honour of: .....

Optional if you are making a donation on behalf of someone who has died OR if someone has asked for a donation to be made instead of a gift i.e. in lieu of a birthday present

Please notify: Name - .....

Address: .....

**The name and address of the next of kin or nearest family member**, [so that we can inform them of your kind memorial donation, without mentioning the \$ amount]

**\* Please find enclosed my/our payment for raffle tickets of \$.....**

First Name: .....

Surname: .....

Company Name: .....

Phone (home): ..... Fax: .....

Phone (business): ..... e-mail: .....

Street No. & Name: .....

Suburb: ..... State: ..... Postcode: .....

I would like to pay by cheque/credit card (please circle)

If paying by Credit Card please complete the following:

Visa  MasterCard  American Express  Diners Club

Name on Card: .....

Card Number: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Expiry date (mm/yy): \_\_\_\_ / \_\_\_\_ Signature: .....

Please send me information on

Epilepsy  Wills & Bequests  Volunteering

We welcome feedback on any matter that concerns our activities or epilepsy

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