

Donation & Raffle Form

I would like to support Victorians Living with Epilepsy.

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

*** Please find enclosed my/our donation 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

*** Please find enclosed my/our payment for (no) raffle tickets @ \$2ea \$.....**

First Name: Surname:

Company Name: Phone (bus):

Phone (hm): 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 Community Fundraising

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

Patrons council

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 Dame Beryl Beaufort AC OBE
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