



Donation Form

Whether you are a long time supporter or giving for the first time, we thank you for giving help and hope to people living with epilepsy.

Advancing New Therapies for People Living with Epilepsy

Donor Information:

First Name _____ Last Name _____

Address _____

City _____ State _____

Zip Code _____ Country _____

Phone _____ E-Mail _____

Donation:

- My check is enclosed (made payable to [Epilepsy Therapy Development Project](#))
- Please charge my credit card

Donation Amount \$ _____ (in US currency) Card Type: Visa MasterCard

Card Number _____ Expiration _____

Name of Cardholder _____ Signature _____

Billing Address: (if different than above)

Address _____

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In Memory Of / In Honor Of:

If your donation is in memory of or in honor of a loved one, please fill out the information below so we can send an acknowledgement of your gift.

Gift Type: In Memory Of: _____ In Honor of: _____

Send acknowledgement to:

First Name _____ Last Name _____

Address _____

City _____ State _____

Zip Code _____ Country _____

Please mail your completed form along with your donation to:

Epilepsy Therapy Development Project
11921 Freedom Drive, Suite 730
Reston, Virginia 20190



is an initiative of the
Epilepsy Therapy
Development Project

Information you can trust,
Community you can share,
Empowerment you can feel.