



EPILEPSY FOUNDATION

DO-IT-YOURSELF EVENT DONATION FORM

Organizer Name _____

Address1 _____

Address2 _____

City _____ State _____ ZIP _____

Phone No. _____ Email _____

Event Date _____ Event Type _____

Event Name _____

In Memorial of _____

In Honorarium of _____

DONATION AMOUNT \$ _____

Check # _____

Please make check(s) payable to: Epilepsy Foundation

Send completed form and donation to:

Epilepsy Foundation
8301 Professional Place, East
Landover, MD 20785

Questions?

DIYFundraising@efa.org

Thank you for your support of the Epilepsy Foundation!

Official Office Use Only Fund/Item Code: DIY