DONATION COLLECTION FORM

Walk to END EPILEPSY – Colorado

Participant's Name:		Team Name (if applicable):	
Participant's Phone:		Participant's Email:	

Donor Name* (First & Last)	Donor Mailing Address*	City, State, Zip*	Email Address*	Amount ($)*	Donation Paid By
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INSTRUCTIONS ▪ Make CHECKS payable to: *Epilepsy Foundation of Colorado* and note Event Name & Participant/and or Team's Name ▪ Mail to: Epilepsy Foundation of Colorado 5889 Greenwood Village Plaza Blvd, Suite 404, Greenwood Village, CO 80111 ▪ Make CREDIT CARD donations online at www.epilepsycolorado.org/walk. The Epilepsy Foundation is a registered 501(c)(3) nonprofit, Tax ID 84-0607069 ▪ Donations are tax deductible as allowed by law ▪ Fields with an *asterisk* are required to receive a tax receipt ▪ If you are planning to mail in donations prior to the event, please note that you must mail them at least 1 month prior to the event to appear in your fundraising account. Otherwise, they will appear post-event.

For more about the Walk, visit www.epilepsycolorado.org/walk **or email walkinfo@epilepsycolorado.org.**

For questions about the organization or epilepsy, visit epilepsycolorado.org

THANK YOU!