



**EPILEPSY
FOUNDATION®**
SAN DIEGO COUNTY
Not another moment lost to seizures™

DONOR AGREEMENT FORM

To Whom It May Concern,
We agree to donate _____

_____ which has a retail value of \$ _____ to the Epilepsy Foundation of San Diego County.

(Brief description of item for program if appropriate) _____

Donor will provide:

(check one and mail back with this form): _____ Please arrange for pick up

_____ Certificate

_____ Other: _____

_____ Please create gift certificate

It is my understanding that this donation becomes the property of the Epilepsy Foundation of San Diego County.

Signed: _____

Print name: _____

Title: _____

Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

Email: _____

**Please return to: Epilepsy Foundation
2055 El Cajon Blvd.
San Diego, CA 92104**

**Phone (619) 296-0161
Fax (619) 296-0802
Please call for additional information.**

Tax I.D #95-1981182

THANK YOU!

Catalog # _____

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